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ABSTRACT

The Subcommittee on Alcoholism and Drug Abuse of the Senate Committee of Human Resources exists to review the federally funded alcohol and drug abuse education and prevention programs for youth. The purpose of this hearing was to consider S. 2915, a bill to renew and revise the Alcohol and Drug Abuse Education Act. Specifically, it suggests extending the authorization of appropriations for carrying out the provisions of this act. To this end, testimony of witnesses regarding various aspects of alcohol and drug education programs for youth is presented. Also included are an amended version of the proposed bill, complete texts of the witnesses' statements, and additional information such as supporting tables and charts. (BP)

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ED172130

ALCOHOL AND DRUG ABUSE EDUCATION CG
AMENDMENTS OF 1978

HEARING
BEFORE THE
SUBCOMMITTEE ON
ALCOHOLISM AND DRUG ABUSE
OF THE
COMMITTEE ON HUMAN RESOURCES
UNITED STATES SENATE
NINETY-FIFTH CONGRESS

SECOND SESSION

ON

S. 2915

**TO AMEND THE ALCOHOL AND DRUG ABUSE EDUCATION ACT
TO EXTEND THE AUTHORIZATION OF APPROPRIATIONS FOR
CARRYING OUT THE PROVISIONS OF SUCH ACT, AND FOR
OTHER PURPOSES**

APRIL 20, 1978

Printed for the use of the Committee on Human Resources

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION



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ALCOHOL AND DRUG ABUSE EDUCATION AMENDMENTS OF 1978

THURSDAY, APRIL 20, 1978

U.S. SENATE,
SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE
OF THE COMMITTEE ON HUMAN RESOURCES,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in room 4232, Dirksen Senate Office Building, Senator William D. Hathaway (chairman of the subcommittee) presiding.

Present: Senator Hathaway.

OPENING STATEMENT OF SENATOR HATHAWAY

Senator HATHAWAY. The subcommittee will come to order. This is a hearing of the Subcommittee on Alcoholism and Drug Abuse, Committee of Human Resources, the purpose of which is to review the federally funded alcohol and drug abuse education and prevention programs for youth, and to consider S. 2915, a bill to renew and revise the Alcohol and Drug Abuse Education Act.

In over 3 years since I have been chairman of this subcommittee, no subject has been more universally proclaimed as essential, or more universally condemned as futile, than alcohol and drug abuse education and prevention.

On the other hand, the statistics clearly show we are faced with a rising incidence of alcoholism and drug abuse by our teenagers, and even younger children. And since traditional methods of treatment and intervention are considerably more difficult at that age, most experts agree that the only real hope for alleviating the problem lies in developing an effective nationwide program for education and prevention.

On the other hand, the great variety of prevention programs that exist today give very mixed and confusing indications of their suitability to that task. They are administered through a number of offices and agencies, including more agencies than the ones represented here in this room today.

They seem to have as many different approaches to education and prevention as they have separate grantees and program administrators. On top of that, in many instances these programs have been poorly evaluated, or not evaluated at all, and in few cases do they appear to be well coordinated with one another across agency lines.

In short, our national alcohol and drug abuse education and prevention effort is like a sporting team composed of a basketball center, a football halfback, two pole vaulters, and a lacrosse goalie. They have a lot of individual ability, but nobody can tell us what they are doing on the same team.

The problem is further compounded by the fact that against this motley and unorganized team is arrayed an assortment of sophisticated and influential sociocultural forces, leading to use and abuse of drugs and alcohol.

Used properly, the mass media could become major forces for education and prevention. At the present time, with half a billion dollars a year spent by alcohol advertisers alone, with media heroes pushing booze and drugs on every channel, we are well on our way, indeed, to creating what I once called an overwhelming cultural atmosphere in which drinking is second nature to everyone over the age of 12.

I am now convinced the time has come either to formulate a strong national prevention effort that gives us some promise of being effective, or abandon the effort entirely and concentrate on mopping up the casualties instead.

It is utterly intolerable for me that a Government that considers itself the greatest in the world should officially ignore and abuse its children. Yet, with regard to our attention to these problems, that is precisely what this country has been doing. In my opinion, the current half measures in alcohol and drug abuse prevention and education, however enthusiastic their individual components, are simply not enough.

The subcommittee has already had the benefit of testimony on alcohol and drug abuse education and prevention from a broad range of witnesses who appeared before the subcommittee last March and, more recently, a few weeks ago, when the subcommittee visited Bangor, Maine.

During this field hearing, we heard much testimony regarding the need for programs tailored to rural areas which have been neglected under the current program. I look forward to discussing this issue with others of our witnesses here this morning.

Before we begin, may I remind each witness that it would be helpful for him or her to summarize their testimony. Prepared statements and supporting documentation will be printed in the hearing record. We have received and reviewed most of the statements already. Because of the full agenda and limited time, we would prefer to spend this morning discussing these issues with you.

In addition, the subcommittee welcomes prepared statements for inclusion in the hearing record from individuals and groups who are not represented among the witnesses here today, and I can assure those submitting such statements that their views will be considered carefully in developing any policies on this issue. The hearing record will remain open for 15 days to receive such statements.

At this time we will receive for the record a statement from Senator Culver of Iowa and will also include in the record the text of S. 2915.

[Senator Culver's prepared statement and the text of S. 2915 follow.]

SENATOR JOHN C. CULVER
STATEMENT FOR SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE
COMMITTEE ON HUMAN RESOURCES
U.S. SENATE
WASHINGTON, D.C.
APRIL 20, 1978

MR. CHAIRMAN, THANK YOU FOR THE OPPORTUNITY TO PRESENT TESTIMONY IN SUPPORT OF THE ALCOHOL AND DRUG EDUCATION AMENDMENTS OF 1978. I WOULD LIKE TO URGE THE ENACTMENT OF THIS IMPORTANT MEASURE WHICH EXTENDS THE ALCOHOL AND DRUG ABUSE EDUCATION ACT FOR AN ADDITIONAL THREE YEARS. THE ACT WAS THE OUTGROWTH OF THE RECOGNITION OF THE TRUTH OF THE OLD ADAGE THAT "AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE." AS YOU ARE AWARE, THE ACT SPECIFICALLY PROVIDES GRANTS TO SUPPORT, EVALUATE AND ENCOURAGE ALCOHOL AND DRUG ABUSE EDUCATION PROJECTS.

THE JUVENILE DELINQUENCY SUBCOMMITTEE WHICH I CHAIR, HAS COME TO RECOGNIZE THAT THE PROBLEM OF TROUBLED AND TROUBLESOME YOUTHS WHO FIND THEIR WAY INTO THE JUVENILE JUSTICE SYSTEM MUST BE UNDERSTOOD WITHIN THE CONTEXT OF A LARGER RANGE OF SOCIAL PROBLEMS SUCH AS ALCOHOLISM. JUST LAST JANUARY MY SUBCOMMITTEE HELD A FIELD HEARING IN IOWA AT WHICH TESTIMONY WAS GIVEN DESCRIBING THE NATURE AND EXTENT OF JUVENILE ALCOHOL ABUSE, THE RELATIONSHIP BETWEEN SUCH ABUSE AND JUVENILE DELINQUENCY AND THE SERVICES THAT ARE NEEDED TO DEAL WITH THE ALCOHOLISM PROBLEM AMONG YOUNG PEOPLE.

JUVENILE ALCOHOL ABUSE HAS REACHED ALMOST EPIDEMIC PROPORTIONS IN THIS COUNTRY. A RECENT SURVEY BY THE NATIONAL INSTITUTE OF ALCOHOLISM

AND ALCOHOL ABUSE REPORTED THAT 93 PERCENT OF THE BOYS AND 87 PERCENT OF THE GIRLS IN THEIR SENIOR YEAR OF HIGH SCHOOL HAD BEEN INVOLVED IN SOME TYPE OF ALCOHOL CONSUMPTION. A CONSEQUENCE OF THIS INCREASE IN TEENAGE DRINKING HAS BEEN A RISE IN JUVENILE ALCOHOLISM.

MY SUBCOMMITTEE'S RECENT FIELD HEARING IN IOWA REVEALED THAT ALCOHOL MISUSE AMONG YOUNG PEOPLE IS AS MUCH OF A PROBLEM IN STATES SUCH AS IOWA AS IN THE NATION AS A WHOLE. AT THAT HEARING WE HEARD THAT 17,000 OR MORE IOWA JUVENILES BETWEEN THE AGES OF FOURTEEN AND SEVENTEEN WERE HEAVY DRINKERS.

EQUALLY IF NOT MORE DISTURBING IS THE APPARENT TREND TOWARD THE USE OF ALCOHOL AMONG QUITE YOUNG CHILDREN. ACCORDING TO A REPORT OF THE IOWA DRUG ABUSE AUTHORITY, THE EARLIEST AGE OF REPORTED USE OF ALCOHOL DROPPED FROM NINE YEARS OF AGE IN 1974 TO SIX YEARS OF AGE IN 1976. AND A STUDY CONDUCTED BY THE IOWA DEPARTMENT OF PUBLIC INSTRUCTION FOUND THAT 25% OF THE STUDENTS IN GRADES SIX THROUGH TWELVE STARTED TO DRINK AT NINE YEARS OF AGE OR YOUNGER.

A FURTHER COMPLICATION IS THE FACT THAT THERE EXISTS A CLEAR RELATIONSHIP BETWEEN ALCOHOL ABUSE AND DRUG ABUSE. MANY JUVENILES ARE POLYDRUG USERS AND INGEST VARIOUS NARCOTIC SUBSTANCES ALONG WITH ALCOHOL IN ORDER TO ACHIEVE EVEN GREATER HIGHS.

CLEARLY ALCOHOL ABUSE HAS BECOME A MAJOR FACTOR IN DISRUPTING AND DAMAGING THE LIVES OF CHILDREN AND YOUTH THROUGHOUT OUR NATION. EXCESSIVE USE OF ALCOHOL IMPAIRS THE ABILITY OF YOUNG PEOPLE TO FUNCTION AT HOME, IN SCHOOL AND ON THE JOB.

AND THERE CAN BE NO DOUBT THAT THERE IS A SIGNIFICANT ASSOCIATION BETWEEN ALCOHOL ABUSE AND JUVENILE DELINQUENCY. ONE WITNESS TESTIFIED AT OUR FIELD HEARING IN IOWA THAT OVER 400 JUVENILES PER YEAR WHO WERE REFERRED TO POLK COUNTY JUVENILE COURT IN DES MOINES, IOWA, HAD ALCOHOL OR DRUG PROBLEMS.

DESPITE THE SERIOUS INCREASE IN JUVENILE ALCOHOLISM, THERE APPEARS TO BE LITTLE IN THE WAY OF SPECIALIZED TREATMENT PROGRAMS FOR YOUNG PEOPLE. THE EMPHASIS OF FEDERALLY SUPPORTED TREATMENT SERVICES HAS BEEN ON ADULTS AND MORE PARTICULARLY ADULT MALES.

THE CREATION AND MAINTENANCE OF SPECIALIZED TREATMENT PROGRAMS FOR JUVENILE ALCOHOL ABUSERS IS ESSENTIAL BECAUSE YOUNG PEOPLE TEND TO BE RELUCTANT TO PARTICIPATE IN PROGRAMS WHOSE CLIENTS ARE LARGELY ADULTS AND BECAUSE THE TRADITIONAL TREATMENT METHODS UTILIZED FOR ADULTS ARE NOT ALWAYS APPROPRIATE FOR JUVENILES.

THE JUVENILE DELINQUENCY SUBCOMMITTEE'S HEARING IN IOWA DISCLOSED THAT THERE ARE A FEW FINE ALCOHOLISM TREATMENT PROGRAMS WHICH SERVE CHILDREN AND YOUTH. EXAMPLES ARE: GORDON CHEMICAL DEPENDENCY CENTER IN SIOUX CITY, IOWA, AND POWELL III TREATMENT CENTER IN DES MOINES, IOWA. BUT TREATMENT PROGRAMS TARGETED SPECIFICALLY AT JUVENILES ARE VIRTUALLY NON-EXISTENT IN MOST AREAS OF IOWA.

IT IS IMPERATIVE THAT WE RESTRUCTURE OUR TREATMENT DELIVERY SYSTEM FOR THE ALCOHOL ABUSER SO AS TO REACH MORE YOUNG PEOPLE WITH AN ALCOHOL PROBLEM.

THE 1976 AMENDMENTS TO THE COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT AND REHABILITATION ACT OF 1970 MANDATED THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA) TO DEVELOP AND FUND SERVICES FOR YOUTH. AND IT IS MY HOPE AND EXPECTATION THAT NIAAA WILL VIGOROUSLY CARRY OUT THIS CONGRESSIONAL MANDATE.

HOWEVER, IT SEEMS SELF-EVIDENT TO ME THAT IF EFFECTIVE PROGRAMS OF EDUCATION AND PREVENTION CAN BE DEVELOPED NATIONWIDE, THIS WOULD BE THE MOST DESIRABLE, SENSIBLE AND ECONOMICAL WAY TO DEAL WITH THE GROWING PROBLEM OF YOUTH ALCOHOLISM. MY CONVICTION THAT PREVENTION, AS WELL AS TREATMENT PROGRAMS, DESIGNED EXPLICITLY FOR CHILDREN AND YOUTH, ARE A PRIORITY NEED OF THE NATION LEADS ME TO URGE THE ENACTMENT OF THE ALCOHOL AND DRUG ABUSE EDUCATION ACT FOR AN ADDITIONAL THREE YEARS.

FUNDS MADE AVAILABLE UNDER THE ACT HAVE BEEN UTILIZED TO DESIGN AND IMPLEMENT SOME PROMISING ALCOHOL ABUSE EDUCATION PROGRAMS IN ELEMENTARY AND SECONDARY SCHOOLS. SUCH EFFORTS ARE CLEARLY DESERVING OF CONTINUING CONGRESSIONAL SUPPORT.

I WOULD LIKE TO NOTE THAT THE ALCOHOL AND DRUG ABUSE EDUCATION ACT HAS BEEN GROSSLY UNDERFUNDED SINCE ITS INCEPTION. IN FISCAL YEAR 1978, THE OFFICE OF EDUCATION, HEW, WHICH ADMINISTERS THE ACT, RECEIVED AN APPROPRIATION OF ONLY \$2 MILLION TO SUPPORT AND EVALUATE ALCOHOL AND DRUG ABUSE EDUCATION PROGRAMS FOR TRAINING EDUCATIONAL AND COMMUNITY PERSONNEL, AND TO PROVIDE TECHNICAL ASSISTANCE IN PROGRAM DEVELOPMENT.

WHILE NIAAA ALSO FUNDS PREVENTION PROJECTS, THE BULK OF ITS ANNUAL BUDGET IS ALLOCATED TO TREATMENT RATHER THAN PREVENTION. I AM CONVINCED THAT WE MUST BEGIN TO PLACE A GREATER EMPHASIS ON THE PREVENTION OF ALCOHOL ABUSE.

THE TASK OF PREVENTING JUVENILE ALCOHOL ABUSE IS A DIFFICULT ONE. ALCOHOLISM AMONG YOUNG PEOPLE HAS ITS ROOTS IN A SOCIETY WHICH TOLERATES AND EVEN ENCOURAGES THE USE OF ALCOHOL. OUR SOCIETY, WHICH A FEW YEARS AGO PANICKED OVER THE USE OF NARCOTICS BY OUR YOUTH, HAS FAILED TO ACKNOWLEDGE THE VERY REAL DANGER OF ALCOHOL ABUSE AMONG YOUNG PEOPLE. PARENTS ARE RELEIVED THAT THEIR CHILDREN PREFER ALCOHOL TO MARIJUANA. MANY PARENTS, WHO DRINK THEMSELVES, VIEW DRINKING BY THEIR CHILDREN AS ESSENTIALLY INNOCENT BEHAVIOR.

IN ADDITION THE MESSAGE WHICH THE MEDIA DELIVERS TO OUR YOUTH IS THAT DRINKING IS FUN AND GLAMOROUS. GIVEN THIS CULTURAL CLIMATE IT WILL REQUIRE A SIGNIFICANT COORDINATED NATIONWIDE EFFORT TO CONVINCE YOUNGSTERS THAT EXCESSIVE DRINKING IS DANGEROUS. WE MUST COMMIT OURSELVES IN OUR FAMILIES, CHURCHES, SCHOOLS AND COMMUNITIES TO PROVIDE THE KIND OF PERSONAL GUIDANCE AND SUPPORT WHICH LEAD YOUNG PEOPLE AWAY FROM THE SELF-DESTRUCTIVENESS OF ALCOHOL ABUSE.

I RECOGNIZE THAT THE FORMULATION AND IMPLEMENTATION OF EFFECTIVE EDUCATION AND PREVENTION PROGRAMS FOR JUVENILES IS ENORMOUSLY DIFFICULT. YET, IF SUCH PROGRAMS CAN BE DEvised, THE GAIN TO SOCIETY IN TERMS OF CONSERVING OUR MOST VALUABLE RESOURCE -- OUR YOUTH -- WOULD BE INESTIMABLE.

THANK YOU, MR. CHAIRMAN.

95TH CONGRESS
2D SESSION

S. 2915

IN THE SENATE OF THE UNITED STATES

APRIL 13 (legislative day, FEBRUARY 6), 1978

MR. HATHAWAY (for himself, Mr. WILLIAMS, Mr. HATCH, Mr. JAVITS, and Mr. RIEGLE) introduced the following bill; which was read twice and referred to the Committee on Human Resources

A BILL

To amend the Alcohol and Drug Abuse Education Act to extend the authorization of appropriations for carrying out the provisions of such Act, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Alcohol and Drug Abuse
4 Education Amendments of 1978".

5 SEC. 2. Section 2(b) of the Alcohol and Drug Abuse
6 Education Act (20 U.S.C. 1001(b)) is amended—

7 (1) by inserting after "encourage" the following.
8 "the prevention of alcohol and drug abuse; to
9 stimulate";

1 (2) by striking out "curricula on" and inserting
2 in lieu thereof "approaches to";

3 (3) by striking out "problems of" the first time it
4 appears therein and inserting in lieu thereof "preven-
5 tion of alcohol and";

6 (4) by striking out "curricula" the second time it
7 appears therein and inserting in lieu thereof "ap-
8 proaches";

9 (5) by striking out "curricular materials" and in-
10 serting in lieu thereof "successful approaches"; and

11 (6) by striking out "on drug abuse problems", and
12 inserting in lieu thereof "on alcohol and drug abuse prob-
13 lems".

14 SEC. 3. (a) (1) Section 3 (a) of the Alcohol and Drug
15 Abuse Education Act (20 U.S.C. 1002 (a)) is amended—

16 (A) by inserting after "carry out" a comma and the
17 following: "throughout the Nation in rural areas as well
18 as urban areas,";

19 (B) by striking out "projects" the first time it ap-
20 pears therein and inserting in lieu thereof "programs,
21 including programs of proven effectiveness";

22 (C) by striking out "projects throughout the Na-
23 tion" and inserting in lieu thereof "programs to develop
24 local capability to meet problems of alcohol and drug
25 abuse"; and

1 (D) by inserting at the end thereof the following
2 new sentence: "The Commissioner shall seek equitable
3 distribution of available resources among the various
4 regions of the country and seek to ensure that the special
5 needs of rural areas are appropriately addressed."

6 (2) Section 3 (b) (5) of such Act is amended by in-
7 serting "prevention" after "abuse".

8 (b) Section 3 (d) (1) of the Alcohol and Drug Abuse
9 Education Act (20 U.S.C. 1002 (d)) is amended—

10 (1) by striking out "and" at the end of clause (C) ;

11 (2) by striking the period at the end of clause (D)
12 and inserting in lieu thereof a semicolon and the word
13 "and"; and

14 (3) by adding at the end thereof the following new
15 clauses:

16 " (E) provides assurance that the applicant will
17 coordinate its efforts with the appropriate State and
18 local alcohol and drug abuse agencies, and educa-
19 tional agencies and organizations; and

20 " (F) provides a proposed performance stand-
21 ard to measure, or research procedure to determine,
22 the effectiveness of the program or project for which
23 assistance is sought."

24 (c) Section (3) (e) (2) of such Act is amended by

1 striking out "Labor and Public Welfare" and inserting in
2 lieu thereof "Human Resources".

3 SEC. 4. (a) Section 3 of the Alcohol and Drug Abuse
4 Education Act (21 U.S.C. 1002) is amended by redesignat-
5 ing subsection (d) through (f) as subsections (g) through
6 (i), respectively, and by inserting after subsection (c) the
7 following new subsections:

8 "(d) In addition to the purposes described in subsec-
9 tions (b) and (c), from funds in an amount not to exceed
10 10 per centum of the sums appropriated to carry out this Act,
11 the Commissioner is authorized to make grants to State edu-
12 cational agencies, local educational agencies, institutions of
13 postsecondary education, and other nonprofit agencies and
14 organizations to support projects, including projects of proven
15 effectiveness, to demonstrate the most effective methods and
16 techniques in alcohol and drug abuse prevention, and to de-
17 velop exemplary alcohol and drug abuse prevention pro-
18 grams. Not less than 25 per centum of the funds expended
19 under this subsection shall be used for grants to programs
20 affecting populations in which more than 50 per centum of
21 the population resides in areas which are not urbanized areas
22 as defined by the Bureau of the Census.

23 "(e) (1) In order to carry out the provisions of this Act,
24 there is established in the Office of Education an Office of
25 Alcohol and Drug Abuse Education (hereafter in this section

1 referred to as the 'Office'). The Office shall be headed by a
2 Director.

3 " (2) The Director shall report directly to the Commis-
4 sioner, and shall be compensated at a rate not less than the
5 rate prescribed for GS-16 under section 5332 of title 5 of
6 the United States Code.

7 " (3) The Office of Education shall provide the Office of
8 Drug Abuse Education with sufficient staff and resources to
9 carry out its responsibilities under this Act.

10 " (4) In carrying out the provisions of this Act, the
11 Director of such Office shall consult with the Directors of
12 the National Institute on Alcohol Abuse and Alcoholism and
13 the National Institute on Drug Abuse, and shall coordinate
14 the activities of such Office with the activities of such Insti-
15 tutes to the extent feasible.

16 " (f) The Secretary shall assure cooperation and co-
17 ordination between the Office of Education (acting through
18 the Office of Alcohol and Drug Abuse Education) and the
19 Alcohol, Drug Abuse, and Mental Health Administration
20 (acting through the National Institute on Alcohol Abuse and
21 Alcoholism and the National Institute on Drug Abuse) to
22 identify and implement successful prevention programs and
23 strategies, to identify research and development priorities,
24 and to disseminate the results of such activities."

1 (b) Section 3 (h) (1) of such Act (as redesignated by
2 subsection (a)) is amended—

3 (1) by striking out “may” and inserting in lieu
4 thereof “shall”; and

5 (2) by striking out “not exceeding 1 per centum”
6 and inserting in lieu thereof “of 3 per centum”.

7 (c) (1) The first sentence of section 3 (i) (as redesign-
8 nated by subsection (a)) is amended by striking out “and”,
9 and by inserting before the period at the end thereof a comma
10 and the following: “, \$10,000,000 for the fiscal year 1979;
11 \$14,000,000 for the fiscal year 1980; and \$18,000,000 for
12 the fiscal year 1981”.

13 (2) Subsection 3 (i) of such Act (as redesignated by
14 subsection (a)) is amended by inserting “(1)” after the
15 subsection designation and by adding at the end thereof the
16 following new paragraphs:

17 “(2) Not less than 25 per centum of the amount appro-
18 priated for any fiscal year under this subsection shall be used
19 for alcohol and drug abuse education programs and projects
20 in areas that are not urbanized areas as defined by the Bu-
21 reau of the Census.

22 “(3) Funds appropriated under this subsection shall re-
23 main available for obligation through fiscal year 1981 in
24 order to permit multiple year funding of projects under this
25 Act.”.

- 1 SEC. 5. Section 8 (c) of the Alcohol and Drug Abuse
- 2 Education Act (20 U.S.C. 1007 (c)) is amended by insert-
- 3 ing "the Northern Mariana Islands," immediately after "the
- 4 Virgin Islands,".

Senator HATHAWAY. The first witness today is Dr. Thomas K. Minter, the Deputy Commissioner, Office of Education of the Department of HEW, who will be accompanied by Dr. Helen H. Nowlis, Director, Alcohol and Drug Abuse Education Programs, and Mr. William A. Blakey, Deputy Assistant Secretary for Legislation.

STATEMENT OF DR. THOMAS K. MINTER, DEPUTY COMMISSIONER, OFFICE OF EDUCATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ACCOMPANIED BY DR. HELEN H. NOWLIS, DIRECTOR, ALCOHOL AND DRUG ABUSE EDUCATION PROGRAMS; WILLIAM A. BLAKEY, DEPUTY ASSISTANT SECRETARY FOR LEGISLATION, OFFICE OF EDUCATION; AND DR. ALBERT L. ALFORD, ASSISTANT COMMISSIONER FOR LEGISLATION, OFFICE OF EDUCATION

Dr. MINTER. Good morning, Senator Hathaway.

Senator HATHAWAY. Good morning, Dr. Minter.

Dr. MINTER. I would also like to invite Dr. Albert L. Alford, Assistant Commissioner for Legislation, Office of Education, to the table, if you have no objections.

Senator HATHAWAY. No; none whatsoever.

Dr. MINTER. We have a rather lengthy statement, and I will attempt to summarize the statement, as you have requested.

It is always a pleasure to appear before your subcommittee and we are pleased to be here this morning to discuss our activities under the Alcohol and Drug Abuse Education Act, and the administration's recommendations for renewal.

We have looked at traditional approaches over the years to alcohol and drug abuse, and while we find that as we look at the program, it is easy to indicate what is wrong, it is rather difficult to remediate the problems as we see them. So, what we have done is to set up what we believe is a very efficient model for the use of the rather limited funds.

We have defined use and abuse as human behavior that serves some function, or it would not persist. We know that it has turned to the social and behavioral sciences as a basis for designing programs, and we know that we have looked for guidance at research and learning and in motivation and growth and development, communications, education, organizational development, and in all nature of deviant and destructive behaviors of all kinds.

By the end of 1970, the program funded in-service training and curriculum development projects in 55 State and territorial education agencies in 57 school-based, college-based, and community-based demonstration projects to develop innovative approaches to drug abuse prevention and intervention.

In 1972, the program set up an independent network, and we now have five regional training resource development assistance centers to train and provide technical assistance to teams from five to seven individuals; chosen to represent the various elements of the schools and communities from which they come. These community teams have been given small grants to cover the expense of attending 2-week residential training and for substitute pay during the 2-week period, and these grants have averaged from \$3,000 to \$5,000 over the years.

The training teams are exposed to a broad range of activities including needs assessments; program planning; team building; group, individual, and peer counseling; alternatives to substance use; communication skills; problem solving, decisionmaking, and conflict resolution skills. Also, the teams are exposed to skills in marshalling local support for their programs.

The teams are given a basic understanding of alcohol and drugs and what they do, and of young people and what they do. Since 1972, the centers have trained and provided follow-up assistance to over 3,000 schools and school communities, and these teams represent approximately 18,000 educational personnel; students and out-of-school youth; personnel from law enforcement, health, and social service agencies; civic and church leaders; parents; and State and Federal personnel.

The programs set up by these teams impact approximately 1 million individuals annually. There are now teams in every State and most territories, the number varying with the population.

As an example, in Antonito, Colo., with 95-percent Mexican-American population and located in one of the poorest counties in the country, reports from this program indicate decreases in vandalism and absenteeism, fewer incidences of alcohol and drug abuse, and higher morale in both teachers and students, as a result of the district-wide workshops that we have held under the program.

You mentioned evaluation earlier. We have had surveys, and our survey of 556 programs in fiscal year 1973, commissioned by the Special Action Office for Drug Abuse Prevention, reported that over half of the teams were still functioning as a team, and nearly 80 percent reported that the programs they had started were continuing. Teams were effective in tailoring their programs to their target groups; 90 percent recommended the training for others in drug abuse prevention. Only 8 percent of the teams reported no activity. Over one-third of the teams secured a total of \$5,329,000 to support their activity, and this represents an average of \$9,585 for every team in the study.

The teams reported initiating or influencing over 2,875 prevention programs. These findings closely parallel those of a more intensive study in 1975.

In 1977, faced with an appropriation of \$2 million for both fiscal years 1977 and 1978 and the expiration in 1978 of its legislative authorization, the program made a decision to concentrate on large urban school districts. Although such districts represent only 12 percent of school districts, they serve 64 percent of the students.

Evidence is mounting that schools in such districts had more than their share of destructive behavior problems. We developed a model in Dallas, Tex., in 1974 under an interagency agreement with the Special Action Office of Drug Abuse Prevention. The program was designed to develop ongoing local training capability through a two-phased program. We believe that this program has been very successful in Dallas. Trainers have trained teams in all 42 middle and high schools and are in the process of training teams in 62 elementary schools. They also serve as a resource for other districts in Texas and neighboring States.

On the basis of the reports from school after school that successful alcohol and drug abuse prevention programs often reduce vandalism, dropouts, truancy, racial conflict, disciplinary problems, and other destructive behavior, the Office of Juvenile Justice and Delinquency

Prevention in the Law Enforcement Assistance Administration suggested a prevention cooperative effort with the alcohol and drug abuse education program, utilizing the system and strategies developed by the program for the prevention of school crime and violence.

An additional challenge involves a current prevention, not remediation effort as a part of the commissioner's reform of the extended urban high school initiative. Already trained urban school district clusters will be specially trained to develop basic prevention programs in their feeder elementary schools.

Mr. Chairman, in conclusion of our formal remarks, we believe that the existing alcohol and drug abuse program has been very effective. But we are aware that the problem has not been solved and that more remains to be done. We support, therefore, the passage of Senate bill 2915, with the following exceptions:

First, we would request that section 4(e) be struck from the bill. We object to the creation of an office of alcohol and drug abuse education, because we prefer not to have small organizational designations made by law. In addition, we believe that the designation of grade structure and lines of reporting place a severe strain and limitation on the ability of the Commissioner to assure the most effective and efficient organization of the Office of Education.

Further, since we believe we have made effective use of funding for this program, we do not believe that a mandated reorganization is needed to assure continued effective administration.

Additionally, the internal organizations are inconsistent with the impending creation of a new department of education.

Second, I urge the subcommittee's attention to the administration's recommendations for the extension of the Alcohol and Drug Abuse Education Act contained in section 304 of Senate bill 2675. We also prefer the use of such sums for the authorization of appropriations, instead of the specific amounts in Senate bill 2915.

Third, we oppose the 25 percent set-aside which Senate 2915 would establish for nonurbanized areas, calling for a substantial reorientation of emphasis at current levels of funding. We have placed a strong emphasis on urbanized areas in the past 2 years, because it reaches a much larger number of children with limited funds.

Prior to fiscal year 1977, only 25 percent of the programs were in urban areas; 75 percent were in nonurbanized areas. We would assure that future funding would include nonurban areas. Elimination of the specific set-aside and substituting language encouraging emphasis on nonurban programs would provide us with greater flexibility and would achieve the purpose that you desire.

We thank you, Mr. Chairman, for the opportunity to appear this morning and discuss our alcohol and drug abuse program. My colleagues and I will be most happy to answer any questions you may have.

Senator HATHAWAY. You indicate that the programs that have been ongoing have been fairly effective, and yet the President's budget requests only \$2 million. Do you think this is a sufficient amount?

Dr. MINTER. Well, we believe that we could certainly use an additional amount. However, this is the figure that was submitted and approved by OMB. Therefore, we will continue to use this money in a very effective manner.

Senator HATHAWAY. But you could use more. How much more?

Dr. MINTER. Well, we would estimate something in the neighborhood of \$4 to \$6 million.

Senator HATHAWAY. How do you determine what the incidence of alcohol and drug abuse is in the school systems?

Dr. MINTER. I am going to ask Dr. Nowlis if she would respond to that.

Dr. NOWLIS. It is the mandate to the National Institute on Drug Abuse to provide this material. They have an annual survey based on 16,000 students and come up with figures. If you would like, I can give you the 1977 figures.

Senator HATHAWAY. I am more interested in how they determine the figures.

Dr. NOWLIS. On the basis of questionnaires and interviews. This is a study that has been going on since 1968 of high school seniors across the Nation. It started out supported by the dropout program in the Office of Education, but it proved so useful that as various other problems have arisen and we have needed statistics, they have had add-ons. Since 1975, they have surveyed alcohol abuse, drug abuse, and cigarette use.

Senator HATHAWAY. Do they pinpoint this as to what kind of drugs, and so forth, and whether it was beer drinking or hard liquor drinking?

Dr. NOWLIS. Overall, nationally. You might be interested in just some brief statistics. I would preface this by saying that 1 percent in these figures corresponds to about 30,000 students; it is of that order; 61.6 percent of high school seniors in 1977 reported illicit drug use at some time; 35.8 percent reported illicit drug use other than marihuana; 56 percent reported having used marihuana at some time; 48 percent having used it in the past year; 35 percent having used it in the past month; and 9.1 percent using it daily.

Stimulants, tranquilizers, and sedatives ranged between 17 and 23 percent reporting ever having used. The hallucinogens—incidentally, their use has gone down in a statistically significant way—report 14 percent ever having used; cocaine, 11 percent ever having used, and that is going up slightly; opiates other than heroin, 10 percent, and that is going up slightly—that is such things as Darvon and nonheroin.

Alcohol, 93 percent report ever having used; 71 percent used in the last month; cigarettes, 76 percent ever used; 38 percent used in the past month; 29 percent daily, and 19.4 as much as a half a pack a day.

Senator HATHAWAY. This is high school seniors, only?

Dr. NOWLIS. Yes.

Senator HATHAWAY. Would you have figures on all grades?

Dr. NOWLIS. The surveys covering more than high school seniors—and this is another survey supported annually by the National Institute on Drug Abuse—merely refer to age groups, 12 to 17, 17 to 25, and 25 and up. It is very hard to put those into age grades.

Senator HATHAWAY. Do you think they are valid?

Dr. NOWLIS. I think they are as valid as we can get. They are based on very advanced sampling techniques and very sophisticated statistical analysis of the data.

Senator HATHAWAY. Did they depend upon anonymous questionnaires?

Dr. NOWLIS. They are not anonymous, because in the original study, the same cohort has been sampled since 1968. For this study it is anonymous.

Senator HATHAWAY. Does it break it down so that you know, when they say "alcohol," it is somebody who drinks one beer a week, as opposed to somebody who is taking two or three shots of hard liquor a day, or do you just get it all under "alcohol?"

Dr. NOWLIS. In this particular survey, we get it all in one. They break it down to: ever having used, used within the past month, used weekly, and used daily, but not amounts.

Senator HATHAWAY. But just alcohol, in general; you do not distinguish between beer, wine, or hard liquor?

Dr. NOWLIS. No, other data would indicate that, at least for school-age children, beer and wine are the primary beverages.

Senator HATHAWAY. Do you go below 12?

Dr. NOWLIS. These data do not.

Senator HATHAWAY. So there is no data on use by those younger than 12 years old?

Dr. NOWLIS. Not that I am aware of, but I can check with NIDA.

Senator HATHAWAY. How long have these surveys been taken—since 1968?

Dr. NOWLIS. The original cohort was 1968. The special emphasis survey on alcohol and drug use is 1975. They have data for 1975, 1976, 1977, and are collecting now 1978 data.

Senator HATHAWAY. Has the incidence gone down over the years, or up?

Dr. NOWLIS. Do you mean alcohol?

Senator HATHAWAY. Yes.

Dr. NOWLIS. There is a slight rise, a 3-percent rise.

Senator HATHAWAY. So the prevention programs have not been that effective.

Dr. NOWLIS. Well, I do not know whether I would draw that conclusion or not. What we have primarily tried to do was to reduce destructive use and discourage experimentation. These figures are on "have you ever used," and that is very, very difficult to cope with.

Senator HATHAWAY. What figures do you have to show that the current prevention programs have been effective?

Dr. NOWLIS. In all of our teams that are trained, they are trained to do very informal evaluations of their own programs. For the most part, this consists of getting incidence data before the program, and 1 year later and 2 years later. Almost uniformly, they report reductions in all kinds of destructive behavior; in the case of alcohol and drug abuse incidence, anywhere from a 10-percent reduction to a 100-percent reduction.

This means a disciplinary incident or a social incident that has resulted from the use of alcohol.

Senator HATHAWAY. But it does not necessarily mean that the use has gone down; just the incidence of destructive behavior has gone down.

Dr. NOWLIS. That is right.

Senator HATHAWAY. There are no figures to show whether the incidence has gone down?

Dr. NOWLIS. These programs are not supported by us, so that we cannot write in and support an evaluation, according to our criteria.

Senator HATHAWAY. Do you mean we do not fund them?

Dr. NOWLIS. We do not fund the programs which the teams plan and implement. We support them with technical assistance. They run their programs with their own local resources, or through other State and Federal grants which they are able to get to support the programs. In other words, we are catalyzers.

Senator HATHAWAY. Could we not require evaluation as a condition to getting the Federal money?

Dr. NOWLIS. \$5,000?

Senator HATHAWAY. Whatever it might be. It would be to their benefit as well as ours, because we would give them the benefit of the results of the evaluation.

Dr. NOWLIS. This is what we do: During their training, they are trained to do simple evaluations on the grounds that if they want to get other support for their programs, they have got to be able to demonstrate the impact of that program, and then they share that with us.

Senator HATHAWAY. So, we do get evaluations; is that what you are saying now?

Dr. NOWLIS. It depends on how you define "evaluation." If you mean a scientifically designed evaluation, with control groups and experimental groups and comparisons with other schools, no. If you mean changes, preprogram and postprogram, yes.

Senator HATHAWAY. What would they show, just the incidence of destructive behavior has gone down?

Dr. NOWLIS. They will show, for instance, that the incidence of alcohol and drug-related incidents has decreased over a year by 96 percent or 50 percent or 20 percent. The incidence of vandalism has decreased; fighting has decreased; dropouts have decreased; truancy has decreased. In many cases academic achievement has increased. So, it is a broad attack.

Senator HATHAWAY. And does it not say that the use of the alcohol or the drugs has decreased, also?

Dr. NOWLIS. No; about the only way they can measure the use—one team actually did count the number of beer cans after football games and found a reduction. But it is very, very difficult to get at use. Abuse and destructive use, we can get at.

Senator HATHAWAY. It seems to me that it would be difficult to develop a true evaluation of the program if it is just on the basis that incidence of destructive abuse has decreased since the program went into effect, unless you also had some questions with respect to the use of the drugs.

Maybe while the program is in effect, there is some kind of intimidating feeling among the students that are in the group, so that they continue to use the drugs, but while the program is going on, they are intimidated and do not get into much trouble.

Dr. NOWLIS. Well, because of the kind of programs that we have, I doubt if that would be true.

Senator HATHAWAY. Well, why can they not determine also that the incidence of drugs has gone down by having a similar questionnaire as you have to find out what the nationwide use is?

Dr. NOWLIS. Most of them are not sophisticated enough to design those questionnaires and to execute them and analyze them in a way that would really be helpful.

Senator HATHAWAY. Well, could we help them?

Dr. NOWLIS. It takes resources.

Senator HATHAWAY. We could beef up the resources here; at least, we could authorize more than what has been requested and earmark it for that purpose. Would that be a useful purpose?

Dr. NOWLIS. One of the things about the bill as you introduced it, one of the amendments, was that you increased from 1 percent of the appropriation to 3 percent of the appropriation the funds that could be used for evaluation.

Senator HATHAWAY. But, I gather from your testimony now, that we had better spell out what we mean a little more by "evaluation," because this whole area of education and prevention, as I mentioned at the outset, is a nebulous one and we really do not know whether we should be spending the money on it at all; maybe we should be going on some other tack.

We had testimony yesterday indicating that the real reason that the amount of heroin use has gone down in the country is because we are getting less heroin coming into the country. Maybe we are on the wrong course; maybe stronger disciplinary action is needed. We just want to find out what is really effective. Unless we have a good mechanism to evaluate it, we are going to be wandering around in the dark for some time.

Dr. NOWLIS. I think it is significant that in practically every district where they have had one team, they want more teams. They like it. They feel it is effective, and they want more.

Dr. MINTER. Senator, we do feel that, certainly, we do need some mechanism to address the problem in local schools, so that even though there may be a multifaceted approach, that we will still need to address the problem at the local school level for some time.

Dr. NOWLIS. You might be interested in the fact that for the LEAA clusters and teams, those supported under an interagency agreement between LEAA and the Office of Education, LEAA has funded a very elaborate, scientifically designed evaluation of the order of \$400,000 a year for 3 years, with control groups, random assignment—all the things that the scientific evaluators tell us we need.

Now, although they are primarily targeting school crime and disruptive behavior, they are also looking at alcohol and destructive use of alcohol and drugs. And since the same philosophy, the same system and the same strategies are used for both, it should be at least some indication of the impact of our program.

Senator HATHAWAY. What percentage of schools throughout the country are receiving some attention with respect to drug abuse and prevention through our efforts?

Dr. NOWLIS. Through our efforts?

Senator HATHAWAY. Right—well, other efforts, as well, if you know them.

Dr. NOWLIS. I think ours is probably the largest effort at the Federal level. At the State level, some State departments of education are giving attention to and help to and, in some cases, funds to schools. I really could not estimate.

Senator HATHAWAY. You have no idea of how many students we are actually reaching?

Dr. NOWLIS. In our program?

Senator HATHAWAY. Our program.

Dr. NOWLIS. About 1 million a year.

Senator HATHAWAY. About 1 million out of how many?

Dr. MINTER. You mean the number of youngsters enrolled in elementary and secondary schools?

Senator HATHAWAY. Well, say, 16-years-old up.

Dr. MINTER. There are 20 million—

Senator HATHAWAY. Twenty million altogether?

Dr. MINTER. Forty-five million altogether, plus five million in parochial schools; that would be altogether. I do not have the exact—

Senator HATHAWAY. We are only getting 1 million?

Dr. MINTER. We are only getting 1 million, yes.

Senator HATHAWAY. And you have no idea of how many the State or other local programs are reaching?

Dr. NOWLIS. In some States, it would be quite high. For instance, Mr. Mowatt's program in Maine, plugging along over the years since 1970, has reached many of the school districts in Maine. In other States, there is virtually—I will not say no effort, but very small efforts.

Senator HATHAWAY. Do we have any figures from those States that have programs as to how well they are doing?

Dr. NOWLIS. No.

Senator HATHAWAY. Can we get them?

Dr. NOWLIS. I do not know whether we can or not.

Senator HATHAWAY. Would they not be willing to cooperate?

Dr. NOWLIS. We could make an effort, but I am not sure.

Senator HATHAWAY. Would that not be helpful?

Dr. NOWLIS. From our point of view, I am not sure that it would be that helpful; that is, worth the considerable effort that it would take.

Senator HATHAWAY. It would not be much effort; it would be to just ask them what they are doing and what their results have been, and they respond.

I would not imagine that any State would be reluctant to supply us with that information.

Dr. MINTER. We will see what we can get from NCES, whatever information they have available, and then we will also see—

Senator HATHAWAY. From whom?

Dr. MINTER. The National Center for Educational Statistics, located right in HEW, so that we will see what information they have on file.

The problem of collecting information from States, of course, is the whole matter of paperwork and the required—we have very specific requirements, and we would have to see what the mechanism would be for designing another resource.

There are other programs that reinforce drug abuse. Title IV C, out of ESEA, would supply guidance counsellors and other services to schools, so that we might be able to work in some questions in that way.

Senator HATHAWAY. Do you think the NCES would have some of this information?

Dr. MINTER. We will find out for you, Senator, and we will let you know.

Dr. NOWLIS. I think the level of information they would have, or they might have, would be whether or not a school had a program, not impact or results.

Senator HATHAWAY. Or what kind of a program?

Dr. NOWLIS. Yes.

Senator HATHAWAY. It seems to me you would have been going after that a long time ago to find out what different programs have been working throughout the country.

Dr. NOWLIS. Oh, we worked very closely with NIDA, with the National Institute on Drug Abuse, and—

Senator HATHAWAY. LEAA?

Dr. NOWLIS. AAA, and also State departments of education, always searching for and finding successful programs. The problem is that a program that might be very successful in one place may not be successful in another place.

What we do is get these teams to define their problem in their school and set their goals, and then we expose them to a great variety of programs, approaches that have worked in places like theirs and urge them to look at it, see how it fits in with their resources, and adapt it to meet their resources. It is very difficult, in an area like this which involves behavior, to transfer from one place to another successfully, but it can be adapted if they have done the necessary problem analysis, resource analysis, and are aware of their community.

You cannot do the same thing in New York City as you do in Kalamazoo.

Dr. MINTER. Senator, there is an annual data gathering instrument that is prepared and administered by the National Council for Educational Statistics. We might be able to find out whether or not we might be able to add a question or two to that, and we can investigate all of that and see if we cannot get the kind of information you want. I think that would be possible.

Senator HATHAWAY. Well, I am a little confused at the moment. I gather you are getting some of this information, because you say you get information on successful programs and offer those to teams in certain areas to see if they will work or not; so, you must be getting this data. These are State programs, I presume.

Dr. NOWLIS. No. They are mostly local programs.

Senator HATHAWAY. There are local federally funded programs?

Dr. NOWLIS. Mostly local programs.

Senator HATHAWAY. So, you are not getting all of the State programs, as well?

Dr. NOWLIS. Well, there are not State programs in the sense that a State has a uniform program or a uniform practice. They may have a uniform process and uniform guidelines, but our experience—and I think this is one of the things that we have learned by experience over the years—is that each local setting has to do it itself, that you cannot give it to them. And they get excited by doing it themselves. Any number of superintendents and school principals have said,

The beauty of your program is that you did not try to tell us what our problem was, and you did not try to tell us how to solve it. You helped us define our problem in a way that we could solve it, and then you helped us in that process.

Senator HATHAWAY. But, then, that area will come up with some kind of a program that turns out to be successful there, and what I want to know is, Are you going to get that program, plus its results, so that you could pass it on to some other community that is similar to that one?

Dr. NOWLIS. This is done through the training and through the training centers.

Senator HATHAWAY. But only where you have got the federally funded teams involved.

Dr. NOWLIS. Yes.

Senator HATHAWAY. There are, undoubtedly, a lot of programs that are privately funded or State funded that you have no information on, and it would be helpful to you, because that is another idea that worked someplace.

Dr. NOWLIS. We have an informal information network across the Nation. I think probably I will get a report from some program somewhere almost every week.

Senator HATHAWAY. Well, I just want to have a mechanism where you get them all, that is all, and just write to the States and say:

Send us all the information you have got on all the drug programs you have, and we will see if they can be helpful to us.

Dr. NOWLIS. You see, many of them do not go through a State education department; many of them are local efforts.

Senator HATHAWAY. Well, the State itself, though, could probably seek them out, whether they go through the State educational mechanism or administration or not.

Dr. NOWLIS. I think we are pretty much aware of the basic programs that are going on around the country.

Senator HATHAWAY. Well, I am not so sure that you are. If you have not written to all the States and asked them, I do not see how you can say that you are aware of all of them.

Now, you indicated that you do cooperate with NIAAA and NIDA, and all the other agencies that do have education programs. Now, how do you eliminate any duplication? Are you saying there is no duplication between all these agencies?

Dr. NOWLIS. I am sorry?

Senator HATHAWAY. Is there any duplication?

Dr. NOWLIS. I think there is very little duplication. NIDA has defined its role as knowledge production and dissemination. And we are very much aware of—in fact, we are often on the review committees for their demonstration projects, and we keep in touch and we are aware of their progress.

What we do is to make those things and many other things available to a local school district, as it tries to solve its carefully defined local problem.

Senator HATHAWAY. Are you saying that you are aware of everything that all the other agencies are doing with respect to prevention and education?

Dr. NOWLIS. Well, NIDA, NIAAA, Juvenile Justice—

Senator HATHAWAY. LEAA?

Dr. NOWLIS. Yes. I am pretty much aware of what they are doing.

Senator HATHAWAY. Well, what is the mechanism for becoming aware? Do they submit to you on a routine basis what programs they are involved in and what they are doing, or is it just a matter of happenstance that you find out that they are doing something that is along the same lines that you are doing?

Dr. NOWLIS. We usually involve each other in planning. For instance, I am a member of the Prevention, Education, and Information Working Group of NIAAA, which meets regularly every 3 months and more often as a particular problem needs to be worked

on. We have very close relationships with the prevention branch of NIDA. I am very often asked either to review proposals or to provide technical assistance to some of their projects. It does not show on the chart, but it is there.

Senator HATHAWAY. Well, with so little money involved, I think we ought to have it show on the chart and probably centralize it a lot more than it is at the present time.

And that brings me to your objection about section 4(e). My only objection to 4(e) is that it is not strong enough. I do not see why you would not want to have a central office to focus on this particular problem, and I would consider that we ought to strengthen it so that it has jurisdiction over all the other agencies and could just tell them, "Look, that program is no good; we are doing that over here," and force the coordination, eliminate the duplication, and save a few dollars, because we do not have many dollars to put into this in the first place.

Dr. MINTER. Administratively, within the Office of Education, Senator, we feel that the programs work very well within the bureaus and I am not speaking now just to protect the bureau, but that is the mechanism for interaction and for developing relationships. There are a number of programs, of course, that do report directly to the Commissioner, but the Commissioner's role is to, again, give outward support for the total agency, and he approaches many groups around the country, as you know, as well as the Congress and the White House and the Secretary.

So that, for the operation of programs, it is better to have programs within operating units, which, of course, are our bureaus. The programs that are at the Commissioner's level are generally administered on a day-to-day basis and would be administered by one of the Executive Deputy Commissioners. And, here again, the Executive Deputies are very busy supporting the total activities of the bureau.

So, it is our feeling that having programs located in bureaus really enhances the effort and does not detract from it. I think the alcohol and drug abuse program is just as visible where it is now as it would be if it were located elsewhere within the Office.

Senator HATHAWAY. I do not understand what the basis is for proliferating the effort among different agencies. I mean, there is not that much money. It is a problem that we want to get at to provide money for education, provide money for good programs of education and prevention.

Now, it seems to me it would be better to just have one office do that. They would have all the information available, and they could make judgments, and there would be one office accountable to the Congress, and it just make for a more streamlined administration. And as I mentioned earlier, with the amount of money involved, since it is so small, I think we would be getting more for our dollar that way than by just proliferation that we have at the present time.

Dr. MINTER. That might be.

Senator HATHAWAY. And certainly in line with the President's desire to streamline the administration.

Dr. NOWLIS. There is one problem with that.

Senator HATHAWAY. There is some value in competition, that is true, but you do not have that much money that you can afford that competition.

Dr. MINTER. Of course, within our Office, we have direct access to schools all over the country, and that, we think, is a plus.

Dr. NOWLIS. I think that there are some agencies that have natural constituencies, who have already established lines of communications, and who have a certain amount of credibility with that constituency that that is a plus in terms of getting good programing.

Senator HATHAWAY. Well, we might sacrifice that, but I think we would make up for that by having them serve as advisers to the central office, so that if we consolidated everything, the OE could consult with them to see just what is the better program for this agency or a program out in the field that has been dealing with a certain agency.

Do you think alcohol and drug abuse education should be consolidated the way it is, or do you think that they are separate problems that ought to be treated separately, as far as our effort is concerned?

Dr. NOWLIS. I think at the prevention level, particularly prevention in young people, that it should be consolidated; that the most important factors are not those associated with particular substances, but are associated with behavior, with decisionmaking, with lifestyles, with values.

We, from the beginning, defined drugs very, very broadly and, even before it was put into our legislation, always dealt with alcohol. We deal with smoking.

Senator HATHAWAY. Do you have any comments on that?

Dr. MINTER. No. I agree with Dr. Nowlis on that, Senator.

Senator HATHAWAY. Now, I am trying to find the four objections that you had. One was on the central office; you do not think we should have that. And I guess we have discussed that.

Dr. MINTER. Yes, sir.

Senator HATHAWAY. And I think you lost that one. Now, maybe you will win on the others. Now, on the rural set-aside, because I have a bias in that direction, it seems to me that the rural areas do not get the attention that the urban areas do, and I think the set-aside is warranted.

* Now, you mentioned that you thought that they were going to be adequately taken care of, but I am not clear as to why.

Dr. MINTER. Well, we have, of course, in all of our working throughout our programs with States, worked with urban and rural areas. It is true that we have emphasized the urban problem and problems. However, it does not mean that that is to the exclusion of rural education.

I might just add—and it may be somewhat off the topic—that I just recently spoke to the superintendents of New Hampshire, Maine, and Vermont, and after my talk, one of the superintendents from Maine, I believe it was, said to me, "Mr. Deputy Commissioner, do you realize that here in Maine, or among these three States, you are speaking to representatives of approximately 200 school districts, and probably not more than three of us have more than 5,000 youngsters within our school districts?" And so, I am increasingly being sensitized to the fact—and I am sure my colleagues have been over a period of years—that in a number of our States, not only in the Northeast, but in the Far and Midwest, that it is extremely difficult to reach youngsters and school systems with services because of dispersal.

So, we are aware of the rural problems and problems of rural school districts. We just did not want the specific set-aside, and felt that it would give us more flexibility. But it does not mean that we intend, in any way, to neglect the needs of rural people and rural populations.

Senator HATHAWAY. Some of the testimony has indicated that they have been neglected, not intentionally, by any means, but because of lack of awareness of the additional costs that they have, because of transportation difficulties and so forth, and the fact that their costs in the rural areas are probably higher than they are in many urban areas. And they feel that those factors have not been adequately considered. And that is the reason for earmarking; not that we are necessarily wedded to a specific percentage, but I think there should be some set-aside just to make sure that those differences are covered.

Dr. NOWLIS. One of the problems is the level at which you are operating. If you were operating at a \$2 million budget and one-fourth is \$500,000, you could not do very much nationally with \$500,000. If it were \$10 million, then it would make sense.

Senator HATHAWAY. To have a set-aside.

Dr. NOWLIS. And as I pointed out, or as Dr. Minter pointed out in the testimony, up until our appropriation hit \$2 million, 75 percent of our programs were in nonurban school districts. So, we are very sensitive to that.

Senator HATHAWAY. Seventy-five percent of your what?

Dr. NOWLIS. Seventy-five percent of our programs were in nonurban areas.

Senator HATHAWAY. Is that moneywise; 75 percent of the money, or the number of programs?

Dr. NOWLIS. Number of programs.

Senator HATHAWAY. What percentage of the money?

Dr. NOWLIS. Well, it is very hard to give you a dollar figure because of the very, very small grants which we give.

Senator HATHAWAY. Well, all you do is add up the number that comes up to 75 percent.

Dr. NOWLIS. It varies from year to year.

Senator HATHAWAY. Like the last year. I mean, you determined that 75 percent of the programs are in nonurban areas, so you could also determine the amount of money, too, could you not, if you know how much each one of those programs cost?

Dr. NOWLIS. Well, the grants to the school districts cover only the costs associated with the training.

Senator HATHAWAY. Right. Well, I am just talking about the Federal costs.

Dr. NOWLIS. Well, they would average—the school team grants average out at about \$9,000. That covers the costs associated with training and technical assistance.

Senator HATHAWAY. You mean all of them, urban and rural, as well, are \$9,000 each?

Dr. NOWLIS. That is right.

Senator HATHAWAY. So that means 75 percent of the money goes to them, too, correct, or do the rurals cost that much less?

Dr. NOWLIS. It costs us the same to train a team from New York City as it does from Aroostook County.

Senator HATHAWAY. So, if it is the same cost, and 75 percent of the programs were in rural areas, then 75 percent of the money went to rural areas, right?

Dr. NOWLIS. Well, it is an unusual program, because part of the money goes to the training centers to provide technical assistance for 2 years to those teams. So, it is not simple arithmetic. I would be glad to do that.

Senator HATHAWAY. Yes, I would be interested in knowing how much was actually spent. It may be that we do not need the percentage; maybe it should be higher, because if you are already doing it, it will not hurt to put it in.

Dr. NOWLIS. But that depends on the level. It would not be at all cost effective to put it higher at the \$2 million level.

Senator HATHAWAY. But that is the level that you have been operating on for the last few years, is it not, \$2 million?

Dr. NOWLIS. \$2 million in 1977, \$2 million in 1978.

Senator HATHAWAY. Oh, I see. What did you have—

Dr. NOWLIS. We had \$4 million in 1976.

Senator HATHAWAY. But this 75 percent was in 1977, was it, or 1978?

Dr. NOWLIS. Ever since we started—we started at 6; we went to 13, to 12, to 6, to 4. During that whole period, approximately 75 percent went for programs in nonurban areas.

Senator HATHAWAY. I see. But it may be less as the money went down?

Dr. NOWLIS. Because we have to concentrate in order to be cost effective.

Senator HATHAWAY. Now, Doctor, you have indicated in your second objection that you just want the authorization left open. Well, that simply means you leave it up to the Appropriations Committee to determine the amount.

Why do you want to have it open?

Dr. MINTER. Here, we have been operating on our \$2 million figure. If the Appropriations Committee grants more money, of course—

Senator HATHAWAY. Well, why should we give our responsibility to the Appropriations Committee?

Dr. MINTER. Well, basically, I understand, it is the OMB policy, Office of Management and Budget policy, and that is what we are following.

Senator HATHAWAY. But they are not part of the Congress; we have our own budget.

Dr. MINTER. That is why we made our suggestion.

Senator HATHAWAY. We would be neglecting our responsibility if we did what you are requesting us to do, although in some instances we do that. But I do not think in this case that we should; in fact, I think we ought to raise the authorization considerably.

Did you just have three objections?

Dr. MINTER. Yes; there were just three, sir.

May I go back to one point?

Senator HATHAWAY. Sure.

Dr. MINTER. When we discussed the setting up of the office, our reading of the bill was that you meant setting up the office in the Office of Education. We did not realize that you were talking about setting up an office and gathering all of the drug abuse programs, all the programs that address alcohol and drug abuse.

Senator HATHAWAY. The bill, does what you just said, and it is supposed to coordinate the activities. But I am thinking of beefing it up, making it stronger than it is now.

Dr. MINTER. But within the Office of Education?

Senator HATHAWAY. I would still have it in the Office of Education.

Dr. MINTER. One of the problems that would give us organizationally is that a GS-16 heading an office with a \$2 million program, or even if the authorization or appropriation were to be increased—we have GS-16's heading offices—well, for instance, the title I program, that has a \$3.3 billion allocation, at least it will if all of our recommendations are enacted by the Congress—so that it would destroy that whole sense of organizational equity, at least.

Senator HATHAWAY. Let me ask a question with regard to the media. Are any of these agencies—OE, or NIDA, or NIAAA—conducting any research on the impact of the media upon young people, which, we all recognize, does have considerable impact?

Dr. NOWLIS. Both NIAAA and NIDA are very much concerned with the media, both in terms of its impact and in terms of the production of media materials. And we have never gotten involved in media because we do not want to duplicate them.

The only thing that we have been involved in—and this was not our program directly, although we advised—was the production of two alcohol films under an interagency agreement between OE and NIAAA, one for the junior high level and one for the senior high level.

Senator HATHAWAY. But NIDA and NIAAA are doing all the research on the impact?

Dr. NOWLIS. Yes; see, we are not research.

Senator HATHAWAY. I understand that. I just wondered if you were doing anything or, in your prevention efforts, are you meeting with the media and trying to encourage them to get away from the programming that you consider to be deleterious. You do not do that?

Dr. NOWLIS. No.

Senator HATHAWAY. In the education and prevention program, is there anything geared toward the parents of the children involved; is that part of the whole team approach?

Dr. NOWLIS. Very, very much; very much a part of the whole team. And they have been very creative in the ways in which they have involved parents. One of the goals is to redefine the roles of teachers and parents; get them out of an adversary role, get them into a collegial role, a collegial role. For instance, in one place—I think it was Reno, Nev.—the team actually persuaded the junior college to hire them to give a course for credit for parents in this area, and it was so successful that it has gone on a regular basis. An interesting spinoff is that the parents who have never gone near the community college before discovered it was kind of fun and went on and registered for other courses, as, for instance, in child development, that kind of thing.

Senator HATHAWAY. Mr. Blakey and Dr. Alford, I have not given you a chance to say anything. Do you want to say something?

Mr. BLAKEY. No, sir.

Dr. MINTER. They have been talking to me, Senator.

Senator HATHAWAY. Nothing will be held against them. You have told them not to say anything? [Laughter.]

Dr. MINTER. They are telling me.

Senator HATHAWAY. Well, thank you all very much. You have been very helpful.

Dr. MINTER. Thank you.

[The prepared statement of Dr. Minter follows:]

FOR RELEASE UPON DELIVERY

Statement by
 Dr. Thomas K. Minter
 Deputy Commissioner
 Bureau of Elementary and Secondary Education
 U.S. Office of Education
 Department of Health, Education, and Welfare
 Before the
 Subcommittee on Alcoholism and Drug Abuse
 Committee on Human Resources
 United States Senate
 Washington, D.C.
 Thursday, April 20, 1978
 9:30 a.m.

Dr. Minter is accompanied by:

Dr. Helen H. Nowlis, Director, Alcohol and Drug Abuse
 Education Programs, Bureau of Elementary and Secondary
 Education, U.S. Office of Education, HEW

Mr. William A. Blakey, Deputy Assistant Secretary for
 Legislation (Education), HEW

Dr. Albert L. Alford, Assistant Commissioner for Legislation,
 U.S. Office of Education, HEW

Mr. Chairman and Members of the Subcommittee:

It is a pleasure to appear before your Subcommittee this morning to discuss our activities under the Alcohol and Drug Abuse Education Act and the Administration's recommendations for renewal.

Early in 1970 the Office of Education was directed, as part of a combined Federal agency response to what was defined as one of the most serious national problems, to invest \$3.0 million of FY '69 Educational Personnel Development funds in developing and supporting a prevention capability for training classroom teachers in 55 States and Territories. At that time it was the unanimous opinion of some 30 individuals assembled to advise on the effort that the traditional reliance on providing information about the dangers of drugs and their effects and the legal consequences of illegal drug use was at best ineffective, at worst counter-productive. This group included both students and adults who were close to various aspects of the youth drug scene and involved in prevention and early intervention efforts in both schools and community. Research, both here and abroad, has since supported this opinion.

To reject traditional approaches as ineffective is easy; to develop new and effective ones is more difficult. This became the challenge of the Drug Abuse Education Program. Rather than placing its focus exclusively on spreading information about drugs

the Office of Education Program made the decision to shift the emphasis from substances to people, and to the many psychological and social factors that influence decisions to use or not to use alcohol and drugs. It defined use and abuse as human behavior that serves some function or would not persist. It turned to the social and behavioral sciences as a basis for designing programs. It sought guidance from research in learning, in motivation, in growth and development, in communication, in education, in organizational development and in the nature of deviant and destructive behaviors of all kinds.

The program set up in 1970 offered four weeks of intensive training to teams of five to seven individuals, including students, from each State and Territory that would prepare them to return and set in motion state-wide in-service training programs that would reach educational personnel in local schools. State teams trained regional and subregional teams. In some States the training reached local schools. A study of the State-to-region-to-local process indicated that in too many instances much was lost in transmission and there tended to be reversion to the traditional approaches which emphasized drugs and their effects.

Late in 1970 the Drug Abuse Education Act (P.L. 91-527) was passed, and what had originally been envisaged as a fifteen-month effort directed to in-service training for teachers became a

three-year effort with a greatly expanded mandate. The Program was to develop, validate and disseminate community strategies as well as school-based programs. By the end of FY 1970 it had funded in-service training and curriculum development projects in 55 State and Territorial Education Agencies and 57 school-based, college-based and community-based demonstration projects to develop innovative approaches to drug abuse prevention and intervention.

Before these demonstration projects had run their course, a rapidly increasing demand from schools and communities for help and support in developing effective responses to the drug problem led to an increase in appropriation for the Program from \$6.0 (FY 71) to \$12.3 (FY 72) million dollars. The Program was reluctant to initiate new demonstration projects with the 57 already funded having had only one year of experience. The typical four to five years from initiation to implementation to replication, validation and dissemination did not respond to the widespread and urgent need. More important, it was becoming evident on the basis of the many programs and projects that had been initiated, with or without Federal funding, that drug and alcohol use is influenced by many psychological, social, cultural and institutional factors, the patterns of which vary from community to community.

Although it is only human to wish that a solution, once found, would be the answer to every school's or community's problem it is equally human that people and institutions and problems, differ from place to place and from time to time. It was becoming increasingly evident that there would be no simple or universal solutions.

On the basis of its experience and that of others and its best current information on need, on understanding of the problem, on assessment of the state of the art, and resources available the Program made the following decisions in FY 72:

1. Given limited resources relative to great demand, the most effective role for the Program at the Federal level is a leadership training, resource role.
2. It would set in motion in as many schools and communities as possible a process and a team of skilled people that would enable each setting to implement an alcohol and drug abuse prevention program tailored to its carefully defined problem and its human and financial resources. Teams would provide an ongoing capability for addressing other problems of concern, present or future.
3. The programs implemented by these teams from diverse communities would become the laboratory for identifying successful programs, projects, and strategies for possible adaptation by similar communities.

Beginning in 1972 the Program set up an interdependent network of seven (now five) regional training, resource, developmental assistance centers to train and provide technical assistance to teams of from five to seven individuals chosen to represent the various elements of the schools or communities from which they come. Community teams were given small grants to cover expense involved in attending two-week residential training and for substitute pay during the two-week period. These have averaged from \$3,000 to \$5,000 over the years. School teams received, in addition, part-time support for a team coordinator during the year following training, bringing the average grant to school teams to \$8,000 to \$10,000.

During training, teams are exposed to a broad range of activities including needs assessment, program planning, team building, group, individual and peer counseling, alternatives to substance abuse, communication skills, problem-solving, decision-making and conflict-resolution skills and skills in marshalling local support for their programs.

Teams are given a basic understanding of alcohol and drugs and what they do and of young people and what they do. They learn to assess the needs and expectations of the youth population to be served, to formulate realistic objectives for meeting those needs, and to identify human and financial resources in their school and community for supporting a prevention program. Finally, each team evaluates the range of prevention materials and methods available and adapts those which are appropriate tools for its goals and its particular local setting. Each team leaves training with an action plan tailored to its goals for its school or community. Technical assistance and further on-site training in specific skills are available from the centers for up to two years, depending on the level of Program funding available.

Since 1972 the centers have trained and provided follow-up assistance to over 3,000 schools and school-communities. These teams represent approximately 18,000 educational personnel, students and out-of-school youth and personnel from law enforcement,

health and social service agencies, civic and church leaders, parents and State and Federal personnel. Programs set up by these teams impact approximately 1,000,000 individuals annually.

There are now teams in every State and most Territories, the number varying from 164 in California, 137 in New York and 125 in Texas to 15 to 25 in the smaller States. These teams have formed networks, many times under the leadership of the State Education Department or Single State Agency or both. They share experience and expertise.

Teams do function once they get back to their communities. They set up programs that win the support of schools and communities. These programs do change institutions, particularly schools, and thereby make a significant difference in the lives of young people.

A team from Antonito, Colorado, with 95 per cent Mexican-American population and located in one of the poorest counties in the country, reports decreases in vandalism and absenteeism, fewer incidents of alcohol and drug abuse and higher morale in both teachers and students as a result of district-wide workshops on communication skills, parent effectiveness training, new techniques for facilitating parent-teacher conferences, greatly increased recreational opportunities and alternative vocational and avocational instruction.

A team from Ripley, Oklahoma, an agricultural community located near a large State university, "Where students can buy anything they want," changed the total school climate by creating better teacher-student and parent-teacher relationships that emphasized self-control and personal responsibility in all inter-personal relationships.

They report:

- A drop in drug and alcohol and related offenses to zero.
- A drop of over 50 per cent in discipline referrals.
- A decrease in drop-outs of 30 per cent.
- A drop in class cuts of 50 per cent.

The program is now being evaluated by the Department of Behavioral Sciences from a near-by university.

Programs implemented by teams are varied, almost always ambitious, and often creative. They are designed to engage parents and the community as partners in providing youth opportunities for positive growth and development. They strive in many different ways to provide settings characterized by genuine caring, positive evaluation, emotional support, intellectual stimulation, equalitarian treatment, and fair and consistent discipline. All of these have been shown to be related to absence of drug abuse and delinquency.

(Streit, F. Parents and problems: Through the Eyes of Youth)

A survey of 556 FY 1973 community-school teams during 1975, commissioned by the Special Action Office for Drug Abuse Prevention, reported that:

1. Over half of the teams were still functioning as a team and nearly 80% reported that programs they had started were continuing
2. Teams were effective in tailoring their programs to their target groups
3. Ninety per cent recommended the training for others in drug abuse prevention
4. Only eight per cent of the teams reported no activity

5. Over one-third of the teams secured a total of \$5,329,000 to support their activities. This represents an average of \$9,585 for every team in the study
6. Teams reported initiating or influencing over 2,875 prevention programs

These findings closely parallel those of a more intensive 1975 study of a sample of 33 school teams trained in FY 1974 and followed from actual training through a year back in their own community, with a telephone follow-up interview in 1976.

1. 82% of the teams reported relevant or on-going activities that could be directly traced to the team
2. A large number of teams were more involved and committed than in the first year and were becoming institutionalized into the system
3. Expanded team initiated programs and activities were reaching more students, in more classes in more schools.
4. Training has placed in the schools a large group of skilled and dedicated people

In 1977, faced with an appropriation of \$2.0 million for both FY'77 and FY '78 and the expiration in 1978 of its legislative authorization, the Program made a decision to concentrate on large urban school districts. Although such districts represent only 12 per cent of school districts they serve 64 per cent of students. Evidence was mounting that schools in such districts had more than their share of destructive behavior problems.

Using a model developed in Dallas, Texas, in 1974 under an interagency agreement with the Special Action Office of Drug Abuse Prevention, a program was designed to develop on-going local training capability through a two-phase program.

In 1977, clusters of four schools, usually a high school and its feeder schools, from 40 urban school districts were trained and provided with the usual on-site technical assistance as they implemented their action plans. During 1978 the resources of the four trained teams are being pooled to develop on-going local district capability to train teams from other schools in the district.

The Dallas model has demonstrated that this is both possible and effective. Dallas trainers have trained teams in all 42 middle and high schools and are in the process of training teams in 62 elementary schools. They also serve as a resource for other districts in Texas and neighboring States.

On the basis of reports from school after school that successful alcohol and drug abuse prevention programs often reduce vandalism, drop-outs, truancy, racial conflict, disciplinary problems and other destructive behavior, the Office of Juvenile Justice and Delinquency Prevention in the Law Enforcement Assistance Administration suggested a cooperative effort with the Alcohol and Drug Abuse Education Program utilizing the system and strategies developed by the Program for the prevention of school crime and violence. The Office of Juvenile Justice provided \$1.233 million in FY'76 and \$2.8 million for FY'77/'78 for this effort. Training and technical assistance were provided to seven-member teams from 81 schools in January and February

of 1977 under an interagency agreement. In November 1977 the agreement was extended to support the training of 35 clusters of four school teams (130 teams) from major urban school districts in the 1977-78 school year and an additional 20 clusters (80 teams) in the 1978-79 school year.

An additional challenge involves a current Prevention Not Remediation effort as part of the Commissioner's Reform of the Extended Urban High School Initiative. Already-trained urban school district clusters will be specially trained to develop basic prevention programs in their feeder elementary schools.

The goal of these programs will be to facilitate the development of positive self-concept and to foster the development of personal and social skills in young people essential to effective cognitive, emotional and social growth.

A second major program thrust since 1973 has been the training of future teachers with the objective of encouraging changes in the programs of teacher training institutions so that their graduates, the future elementary and secondary school teachers, will be better prepared to respond to the needs and problems of young people which may lead to alcohol and drug abuse. It recognizes that effective alcohol and drug abuse education for future teachers is not simply information about substance--

that teachers who know how to communicate better with students, make decisions consistent with their values, work toward fulfillment of personal goals, and look at their behavior objectively can help young people learn these skills for dealing with alcohol and drug abuse and other behavior problems and provide the type of environment in their classrooms and schools conducive to the positive growth and development of young people.

There are two basic modes in which teacher training institutions have been able to participate in the preservice program area--as Conference Teams or as Model Projects. One research project has also been supported.

In 1973 and 1974 a series of three Conferences were held at which a total of 180 teams of five from Schools of Education throughout the country came together for a three and a half day intensive skills training and program planning experience especially geared to the needs and resources on college campuses, large and small, followed by field technical assistance upon request. The teams were composed of administrators, faculty and students. On returning to their campuses they were able to introduce an impressive array of programs, including: curriculum revisions and innovations, training of other faculty in affective approaches, training of State Education Agency personnel and inservice training for teachers in their local school districts. This was all accomplished for a minimal

dollar investment on the part of the Office of Education of \$150,000 to train a total of 180 campus teams.

On the basis of this successful broad-scale approach, six model projects and one research project were funded more extensively for three years in 1974.

Underlying the research project was the hypothesis that young people would be less likely to develop self-destructive habits if their school experience could foster growth in self-knowledge. This project developed self-knowledge curricular materials which are now being used in a number of schools.

Each of the six demonstration models was selected for support because it represented a situation in some way unique from the others. One originated from a Department of Counselor Education in a Competency Based Teacher Education institution; one in the Professional Sequence in the Department of Educational Psychology; another has been a joint effort between a School of Education and an outside community agency. Two offered alternative tracks for prospective teachers with more field involvement and a closer faculty-student relationship; one focused on alternative placements in inner city schools, halfway houses for young delinquents and alcohol and drug abusers and alternative schools; another has concentrated on field placements with alienated, mostly Chicano, youth.

Although the projects have evolved in different ways, from different areas, and have concentrated their energies differently, all have worked toward common objectives in creating change within their institutions in the preparation of teachers to reflect and model those qualities so desired for young teachers. This has involved commitment and cooperation of administration in the change process; faculty participation in training and upgrading of skills; student involvement of local schools and teachers in a cooperative effort with the Schools of Education.

Support for the model projects terminated in 1977 but the models have been institutionalized and are continuing with local support. The ERIC Clearinghouse on Teacher Education published the final reports of the model and research projects in a monograph entitled: "Humanizing Preservice Teacher Education : Strategies for Alcohol and Drug Abuse Prevention." The publication is proving to be an effective vehicle for disseminating project results and experiences to other teacher training institutions throughout the country.

When the Office of Education entered the drug abuse area in 1970, concern about young people's use of drugs was at a high, if not panic, level. Requests for help in responding came from every corner of the nation. Although the drug problem is no longer considered "the nation's number one problem," and most current

studies indicate that the abuse of most drugs, with the exception of alcohol and marihuana, is no longer increasing, those most directly involved, students and their parents, still consider it a major problem.

In a 1977 Gallup poll of teenagers across the nation, when asked what they considered the biggest problem facing their generation, 27 per cent named drug use and abuse number one, 20 per cent named getting along with parents, and seven per cent named alcohol use and abuse. No other problem was listed by more than six per cent.

Another 1977 Gallup poll of public attitudes toward the public schools concluded that the next great advance in education will come when parents and teachers work as a team. Parents of children in the public schools approved four to one the idea of offering courses to parents as a regular part of the public school system. When asked which of 16 possible offerings they rated highest, "What to do about drugs, smoking and alcohol" was mentioned more often than any other both by parents whose eldest child was 12 and those whose eldest child was 13 to 20. It is interesting to note that improving parent-child relations was listed as number nine by parents but number two by teenagers.

The current demand for assistance in this area is great. Districts that have one team want more teams. Urban school districts are enthusiastic about having their own training capability. Most districts endorse the principle of helping them define their own problem and design and implement their own solutions.

The Superintendent of the Dallas Independent School District recently testified before the House Sub-committee on Select Education:

"The Dallas program is a refreshing example of how federal dollars can be effectively used as seed money by a local district to develop and implement its own self-sustaining efforts. This is in lieu of relying on increased federal spending that supplants local initiative and efforts rather than supplementing it. The Dallas program is not dependent on outside funding for its continued existence, and this is as it should be."

Mr. Chairman, in conclusion we believe that the existing alcohol and drug abuse education program has been very effective, but we are aware that the problem has not been solved and that more remains to be done. We support, therefore, the passage of S. 2915 with the following exceptions.

First, we would request that Section 4 (a) be struck from the bill. We object to the creation of an Office of Alcohol and Drug Abuse Education because we prefer not to have small organizational designations made by law. In addition, we believe that the designation of grade structure and lines of reporting place a severe strain and limitation on the ability of the Commissioner to assure the most effective and efficient organization of the Office of Education. Further, since we believe we have made effective use of funding for this program, we do not believe that a mandated reorganization is needed to assure a continued effective administration. Additionally, the internal reorganizations are inconsistent with the impending creation of a new Department of Education.

Second, I urge the Subcommittee's attention to the Administration's recommendations for extension of the Alcohol and Drug Abuse Education Act contained in Section 304 of S. 2675. We also prefer the use of "such sums" for the authorization of appropriations instead of the specific amounts in S. 2915.

Third, we oppose the 25% set-aside which S. 2915 would establish for non-urbanized areas calling for a substantial reorientation of emphasis at current levels of funding. We have placed a strong emphasis on urbanized areas in the past two years because it reaches a much larger number of children with limited funds. Prior to FY 1977 only 25% of the programs were in urban areas - 75% were in non-urbanized areas. We would assure that future funding would include non-urban areas. Elimination of the specific set-aside and substituting language encouraging emphasis on non-urban programs would provide us with greater flexibility and achieve the purpose you desire.

Thank you, Mr. Chairman, for the opportunity to appear this morning and discuss our alcohol and drug abuse program. My colleagues and I will be most happy to try to answer any questions you may have.

Senator HATHAWAY. The next witness is Mr. Carl Mowatt. Carl.

**STATEMENT OF CARL D. MOWATT, DIRECTOR, ALCOHOL AND DRUG
EDUCATION, DEPARTMENT OF EDUCATIONAL AND CULTURAL
SERVICES, STATE OF MAINE**

MR. MOWATT. Senator Hathaway and members of the Subcommittee on Alcoholism and Drug Abuse, as you know, my name is Carl D. Mowatt, and I am director of alcohol and drug education for the Maine State Department of Educational and Cultural Services. I have been in this position since June 1970, and am therefore more than intimately familiar with the Alcoholism and Drug Abuse Act and the U.S. Office of Education program directed at carrying out this act.

In 1970, I was director of the Maine Department of Education team trained at Adelphi University through the USOE program. At that time, we started our alcohol and drug abuse prevention activities under a direct U.S. Office of Education grant of \$40,000. Our strategies for helping schools and communities help themselves was closely monitored by E. F. Shelley & Co., which was then under contract by USOE, and early in 1971, an indepth analysis of our program was conducted by a person by the name of Michelle Moran. Ms. Moran developed a blueprint of the Maine program and presented it to the USOE officials.

Shortly after Ms. Moran's presentation to USOE officials, the U.S. Office of Education abruptly changed its program approach to States. The change in direction resulted in a 42-percent reduction in our State funding by the U.S. Office, and that meant we dropped from \$40,000 to \$23,200, so that USOE, as I understand it, could provide greater funding to the training centers it was then establishing. This direct grant to States ended in 1974.

It is important that I emphasize to this committee the fact that Maine had developed a school/community alcohol and drug abuse prevention team training capability as a direct result of the 1970 USOE program initiative, but prior to the establishment of USOE's regional training centers. Over a 2-year period, we trained approximately 660 people representing 66 teams from Maine communities. We accomplished this with absolutely no direct material or technical assistance from USOE or her then emerging regional training centers.

With the shift in USOE strategy towards States, which was to completely bypass State agencies, it resulted in USOE and her training centers going directly to local schools, offering them direct grants of \$6,000 to \$10,000 for sending teams to regional training centers. A total of 8 Maine teams of 7 to 10 people were trained by the USOE program at Adelphi University at a cost of \$55,225. This represented an average cost of \$6,903 per team, compared to teams trained by the Maine effort, which averaged \$1,200 per team.

On a cost effectiveness comparison basis, Maine could have trained 46 teams with the money it cost the USOE project to train 8 teams. I would like to point out that if USOE had, at that time, had the authority to make a grant to Maine through the regional training center, both the USOE effort and the Maine effort would have been much more cost effective.

Now, it is important that I take time here to clearly identify the negative impact the USOE bypass strategy had on Maine and continues to have on similar rural States. First, the \$6,000 to \$10,000 grant was a real plum to be plucked by local education agencies, and they began asking why the States did not provide such lucrative grants. There was no way we could generate, at the State level, money to compete with such a grant providing program. Second, the effect of the diminishing grant to our State education agency was that the State legislature felt our program must be less than successful, because after the indepth evaluations conducted through USOE contracts, our grants were still being cut. The legislature said that we must not be meeting USOE standards.

The net effect, then, was complete and total erosion for support of the State education agency to continue programs of team training, because there was the view, real or unreal, that the Federal Government has the money, is doing the job, and there is no need to support duplication of efforts. Therefore, we closed down our school/community team training efforts and shifted to other programmatic delivery systems.

The bottom line and tragedy of this story is that the Maine program was, I believe, the type of product USOE wanted as a result of the training of State education agency teams in 1970. The USOE strategy change in midstream inadvertently destroyed what appeared to be emerging as one of the most promising State prevention programs in the country.

Over the years, I have heard from colleagues from across the Nation whose programmatic efforts suffered similar detrimental effects. Many States today have no real programmatic efforts operating out of their education departments because of USOE's lack of attention and support to State level education agencies over the period I have cited.

I want to emphasize to this committee that I know that the lack of attention and support by USOE was not totally by design, but rather to their struggle to maintain the semblance of a program at the Federal level. Ironically, their struggle for survival was almost identical to the struggle most of us are having at the State level, for at that time prevention was not a State priority or a Federal priority, nor do I really believe it is today.

Now, to this point in my statement, I believe I have painted a rather dim picture of USOE's program. However, I want this committee to clearly understand that I, in no way, want this testimony to be viewed as attempting to make it look as if the USOE alcohol and drug abuse prevention program has been a failure, for I feel, as do thousands of others, that this national effort is a rare one, and it is one that has successfully reached and positively impacted the grassroots well into the corners of our Nation.

I stand as an example of the USOE effort, in that I can, without reservation, state that I could not and would not have endured the stress and strain of public life responsibilities associated with alcohol and drug abuse prevention at the State level without the knowledge that Dr. Helen Nowlis and her staff here in Washington was struggling to maintain a viable national effort. I would not have endured without knowing that Gerald Edwards, who is director of the Northeast Regional Training Center at Adelphi, was always there to support me

where and when he could, and I would not have endured had I not received quality training at the USOE Adelphi Center, which helped prepare me for this job in 1970. I can also categorically state, and I cannot overemphasize the fact, that Maine would not today have a program operated out of its State education agency if it had not been for this USOE initiative in 1970.

The purpose of my testimony before this committee, then, is not to criticize, but to provide input which I believe will enhance the national effort and, hopefully, to correct the problems encountered in our past experiences. I would like my testimony to result in some basic changes in the proposed reauthorization act, which would provide USOE and her regional training centers with a greater degree of flexibility for dealing with the diverse needs of our States.

Specifically, my three proposals for the reauthorization act are: The first proposal would be to have the act make provision for the regional training centers to have the authority, the funding capabilities and flexibility to direct a renewed effort at preparing State education leadership teams in alcohol and drug abuse prevention. The ultimate purpose of these State agency teams would be to provide leadership in the development and implementation of alcohol and drug abuse prevention programs in their respective States. Ultimately, I think we have to understand that States will have to assume this responsibility, and this option should be open to the States through this act. I would suggest that negotiations for this training would be carried out between the States and the training centers.

My second proposal is to have the act make provision for the training centers to have discretionary money for work with States which have demonstrated an effective education and prevention capability. This flexibility within the centers will allow them to cooperatively work out the prevention effort with those States and will give the centers the capability to help support those States through a direct grant program. Minimum grant levels for those qualifying States should be specified in the act.

My third proposal would be to have the act make provision for the training centers to develop a greater capability for the deployment of more direct human and resource assistance to all States. Some examples of that would be to have the capability to assist State agency level teams to get started in their new program; to assist in State level training programs and to conduct training directly within States, and to provide better quality follow-up to the teams that they are currently training.

The intent, then, of my three proposals, I would like to repeat, is to provide the training centers with greater flexibility and alternative means for meeting the diverse needs of our States. Previous testimony just given clearly demonstrates that the regional training centers will never, if they stay in business for the next 900 years, have the capability to deal with literally *all* of the school systems in the United States. The responsibility eventually has to be transferred to the States.

The reauthorization proposals I have just stated will ultimately result in States assuming a greater role of responsibility through their State education agencies, and will serve to strengthen the role of the education agencies in prevention. The proposals will also allow the training centers to focus their priority efforts in those areas of the

country most directly needing their training resources, while at the same time encouraging and enhancing States demonstrating a capacity to produce their own training efforts through the centers' grants and technical assistance programs.

It is my sincere belief that the overall impact of USOE's efforts will be more than doubled if these proposals are adopted, and I believe they will obviously result in a much greater cost-effective model. I believe all the proposals address real and substantial needs felt by the U.S. office, by the regional training centers, and by both rural and urban States. I believe the proposals close the greatest gaps I have observed and personally experienced in the national program since its 1970 origin.

In closing, let me urge you to consider my proposals in terms of the options they provide for States. By providing greater flexibility to the regional training centers through discretionary funds, there is something for every State, regardless of its state of readiness. Those States most needing help will have help available; those States where no State level interest exists in prevention will still have their local education agencies served by the regional centers; those States desiring State level assistance will have it available to them, and those States demonstrating a capacity to produce their own prevention programs will be enhanced and motivated through the centers' capability to make direct grants.

I say to you, Senator Hathaway and other members, I sincerely believe this combination has all the possibilities for rallying the support of Governors, the State legislatures, the single State agencies, the State education agencies, and the people directly or indirectly served through this legislation. I also believe it could be the greatest seed of prevention we have ever sown in this country.

Senator HATHAWAY. Thank you very much for your testimony, and I appreciate your suggestions, which I think are excellent.

Why were we able to fund these teams for about one-sixth of what the Federal money was?

Mr. MOWATT. Well, there are a number of variables there, Senator. Some of the major costs that are incurred by the teams going to the regional training centers have to do with travel. If you send a team from Aroostook County to Long Island, that represents a substantial amount of money.

Senator HATHAWAY. How much, percentagewise?

Mr. MOWATT. I would rather Dr. Nowlis answered that, but it would be up around \$1,000, I would imagine. Also, the Federal program provided payment of teacher substitutes for those teachers who would be away for training, and during that period of time, it paid for babysitters for those people who were going to the training and needed babysitters, and at one time, it provided partial payment for a 1-year coordinator of the local school projects.

Now, the difference in the Federal project and ours was that all of these items that I have just listed were voluntary in Maine; we made those part of the commitment of the schools, to assume those expenses. And I feel you get a better quality program if you get the commitment of the school, especially on a monetary basis, right at the beginning.

All we paid for in our training was the room and board of the participants, plus training consultant assistance.

Senator HATHAWAY. Maine requires prevention education to be conducted in the public school system, does it not?

Mr. MOWATT. Pardon?

Senator HATHAWAY. Is there not a State law that there has to be education programs on drug abuse and alcohol?

Mr. MOWATT. No, sir, there is nothing in the statutes in Maine.

Senator HATHAWAY. Nothing?

Mr. MOWATT. Nothing.

Senator HATHAWAY. Somebody testified to that effect at the Bangor hearing. I do not know whether it was just recently enacted. It will probably be effective, I guess, by now.

Mr. MOWATT. Well, we have a temperance day activity that is mandated the first Friday of each March, and there are unenforceable requirements for teacher education programs that require that they have some knowledge of alcohol and other substance abuse. But we do have no public education mandate in the State of Maine for alcohol and drug abuse programs.

Senator HATHAWAY. What are the peculiar problems in rural areas to justify the set-aside that was put in the bill?

Mr. MOWATT. Well, those are numerous, Senator. First, I would like to try and explain that the Federal influence, programmatic influence in a rural State, I believe, is much, much greater than in an urban State, in the sense that if Maine receives \$40,000, the Governor knows it, the legislature knows it, and most of the people know it through the media. If that money gets reduced for any purpose, the Governor also knows it, the legislature knows it, and everyone else knows it. Now, \$40,000 in California or New York or Pennsylvania would probably make no difference, but in Maine, the Federal influence through this type of grant is very potent, and when it is reduced, the opposite effect is also very potent; they want to know why, what have you done wrong.

And that is one unique problem, I think, that we have and I think one of the reasons we have to be very selective about the kinds of Federal help we accept.

Second, in rural States, major resources for communities are really isolated from the majority of the communities, especially in Maine where population pockets are well spread out, the average size of a community is 4,000 to 5,000 people. And to get regional or State resources to those people is a very costly and long-term process.

Public transportation, which was mentioned by someone here earlier, is almost nonexistent in the State of Maine, so literally everyone in Maine has to have an automobile, and in order to get to a training center, they need money to pay for the gasoline; the mileage needs to be reimbursed. For instance, it is an entire day's trip from Aroostook County to where we used to train people at Bollin Spring down in the Lewiston area.

Another unique problem to Maine, especially in the management programs—and I am speaking from an administrative point of view—is that it is extremely difficult to establish a good staff; we just do not have the population to select from. And, in addition to that, we have relatively low salaries. I think these problems are quite consistent throughout the rural States and, therefore, we need a pretty firm base of funding under us for a fairly long period of time in order to draw good people into leadership positions in the State for training of school and community personnel.

We also have very severe poverty pockets. I know this exists in the city, but I think they are much easier to identify than in, especially, the proud State of Maine and, I am sure, other rural States. The cost to bring in professional consultants who have expertise above and beyond that we can rally in Maine is extremely expensive, because we have to transport them from New York, Massachusetts, Washington, or elsewhere.

And my last little note on the list here is that it is really difficult for us in Maine—and I do not know whether this is true of other rural States—to get feedback about what is happening on the Federal level, in terms of what is available to us and getting the information in a timely manner so that we can act on it.

Those are some of the things I can think of, Senator.

SENATOR HATHAWAY. Do you deal with other agencies of the Federal Government besides OE—NIDA, NIAAA, and LEAA? They all have education and prevention programs of one kind or another.

MR. MOWATT. Not at the Federal level. Early in the program, in 1970 and 1971, we did involve LEAA at the State level, but we have never been involved with another Federal agency in terms of receiving a grant from them.

SENATOR HATHAWAY. You have never been involved, because you have never taken the initiative, or—

MR. MOWATT. We have taken the initiative several times when the National Institute of Mental Health was involved in this area. The problem there, Senator, is that the single State agencies now receive all the information almost exclusively as to the programs operating out of the Federal Agencies, and they make direct application in literally every case I can think of for money for the projects, and we are just not aware of them because of that bottleneck.

SENATOR HATHAWAY. I am not sure I understood what you said. You are the director of the division of alcohol and drug education.

MR. MOWATT. For the State department of educational and cultural services.

SENATOR HATHAWAY. Right.

MR. MOWATT. The single State agency is housed in the department of human services.

SENATOR HATHAWAY. The single State agency for what?

MR. MOWATT. The single State agency for alcoholism and drug abuse prevention. There is a single State agency in each State now. That was created some years back as a Federal mandate to coordinate all programs at the State level.

SENATOR HATHAWAY. For what, prevention and education?

MR. MOWATT. For education, prevention and treatment.

SENATOR HATHAWAY. Oh, all of them. OK.

MR. MOWATT. The whole bailiwick. And, of course, their major constituency is the treatment constituency.

SENATOR HATHAWAY. Mike Fulton is the director of that?

MR. MOWATT. Yes; he is the director in the State of Maine.

SENATOR HATHAWAY. And you have to go through him?

MR. MOWATT. We have to go through him, but in most cases, it is a case of "are we lucky enough to hear about it from some other source," because, Senator, I think one of the major problems with the single State agency concept—and let me say that just 3 weeks ago here in Washington, I met with 12 other colleagues in my position from around the country, and they all echoed the same thing—that

there is a problem with that agency in terms of their role, which is understood to be cooperation and coordination, but it has been misinterpreted to mean control.

So, the tendency seems to be to attempt to pull everything under that one roof in most States, and that has created as much of a problem for State education agencies as has the lack of funding for the national program here, the USOE program.

Senator HATHAWAY. Well, what is wrong with putting it under one roof? I do not want to put you out of a job, Carl, but—

Mr. MOWATT. The problem is, Senator, that State education agencies were created to oversee public education in the States. I think USOE ought to be paying—and I have emphasized it in my testimony—much more attention to the role of the State education agencies, and be focusing on them to help them enhance their role in education.

We are the department in the State that is responsible for the quality of education in the State of Maine. The Federal Government has established programs in special education, and you have offered legislation in career education, guidance and counseling, certain vocational education programs, and all of those are certainly focused in the State education agencies. They have major visibility at the local level, and that is what is lacking in terms of an emphasis on prevention through education in local school systems—that we have not been given the same attention from the Federal level; therefore, we cannot, in turn, give the same attention to the local level, because it just has not come down as a priority.

Senator HATHAWAY. That is a good point.

Carl, thank you very much; it was very good testimony.

Mr. MOWATT. Thank you.

Senator HATHAWAY. We will try to incorporate your suggestions, or some of them, anyway.

At this point I order printed all statements of those who could not attend and other pertinent material submitted for the record.

[The prepared statement of Mr. Mowatt and material subsequently received for the record follows:]

Testimony on A BILL to amend the Alcohol and Drug Abuse Education Act to extend the authorization and appropriation for carrying out the provisions of such Act, and other purposes.

Presented by: Carl D. Mowatt, Director
Division of Alcohol and Drug Education
State Department of Educational and
Cultural Services
Augusta, Maine 04333

SENATOR HATHAWAY AND MEMBERS OF THE SUBCOMMITTEE ON ALCOHOLISM AND DRUG
ABUSE.

My name is Carl D. Mowatt and I am Director of Alcohol and Drug Education for the Maine Department of Educational & Cultural Services. I have been in this position since June, 1970, and am therefore more than intimately familiar with the Alcoholism and Drug Abuse Act and the U.S. Office of Education's program directed at carrying out this Act.

In 1970 I was Director of the Maine Department of Education team trained at Adelphi University through the U.S.O.E. program. At that time we started our alcohol and drug abuse prevention activities under a direct U.S.O.E. grant of \$40,000. Our strategies for helping schools and communities help themselves was closely monitored by E. F. Shelley and Company which was then under contract by U.S.O.E. In early 1971 a statewide in-depth study and analysis was conducted by a person named Michelle Moran (now Michelle Moran Zide) and a blueprint of our strategy was developed by M. Moran was presented to U.S.O.E. officials.

From that point on U.S.O.E. abruptly changed its program approach to states. I have claimed that it was the Maine strategies which U.S.O.E. adopted at that time but that claim has consistently been denied by that office. In any event the change in direction resulted in a 42% reduction in our state funding by the U.S. Office from \$40,000 to \$23,000 so that U.S.O.E. could provide greater funding to the training centers it was then establishing. This direct grant to states ended in 1974.

It is important that I emphasize the fact that Maine had developed a school/community alcohol and drug abuse prevention team training capability as a direct result of the U.S.O.E. program initiative but prior to the establishment of U.S.O.E.'s regional training centers. Over a two year period we trained approximately 660 people representing 66 teams from Maine communities. We accomplished this with absolutely no direct material or technical assistance from U.S.O.E. or her then emerging regional training centers and at an average cost of \$1,200 per team.

With the U.S. Office shift in strategy came a move which completely bypassed State Education Agencies. The shift resulted in U.S.O.E. and her training centers going directly to local schools offering them direct grants of \$6,000 to \$10,000 for sending teams to the regional training centers for training. For Maine this represented transporting teams from Maine to Long Island, New York for training. A total of eight (8) Maine teams of 7-10 people each were trained by the U.S.O.E. program at a cost of \$55,225. This represents an average cost of \$6,903 per team compared to teams trained by the Maine effort which averaged \$1,200 per team or for a total cost of \$79,200. On a cost effectiveness comparison basis Maine could have trained forty-six (46) teams with the money it cost the U.S.O.E. project to train eight (8) teams. If U.S.O.E. had had the authority to make a direct grant to Maine through the regional training center, both the U.S.O.E. effort and the Maine effort would have been much more effective from both training and team follow-up support and cost effectiveness.

It is important that I take time here to clearly identify the negative impact the U.S.O.E. bypass strategy had on Maine and continues to have on certain other rural states. First the \$6,000 to \$10,000 grant was a real plum to be plucked by local education agencies and they began asking why the state did not provide such lucrative grants. There was no way we could generate

money to compete with such a grant providing program. Secondly the effect of the diminishing grant to our State Education Agency was that the State Legislature felt our program must be less than successful because after the in-depth evaluations conducted through U.S.O.E.'s contracts, our grants were being cut. The legislature said that we must not be meeting the U.S.O.E. standards.

Thirdly it became a challenge for persons in local education agencies in Maine to "get that trip to Long Island." Fourthly, at about this point, Single State Agencies were created. When approached for education and training funds, the Single State Agency replied that U.S.O.E. is "doing the training." Clearly there was miscommunication, frustration and chaos on all fronts.

The net effect was complete and total erosion for support of the State Education Agency to continue programs to conduct team training sessions because the view was, real or unreal, that "the federal government has the money, is doing the job, and there is no need to support duplication of efforts." Therefore we closed down our school/community team training efforts and shifted to other programmatic delivery systems.

The bottom line and tragedy of this story is that the Maine program was the type of product U.S.O.E. wanted as a result of the training of State Education Agency teams in 1970. The U.S.O.E. strategy change in mid stream inadvertently destroyed what appeared to be emerging as one of the most promising state prevention programs in the country.

Over the years I have heard from colleagues from across the nation whose programmatic efforts suffered the same detrimental effects. Many states today have no real programmatic efforts operating out of their education departments because of U.S.O.E.'s lack of attention and support to State level education agencies over the period I have cited. I later learned that the lack of attention and support by U.S.O.E. was not by design but rather due

to their struggle to maintain the semblance of a program at the Federal level. Ironically their struggle for survival was almost identical to the struggle most of us were having at the State level, for prevention was not then, nor is now a Federal or State priority.

To this point in my testimony I have painted a rather dim picture of U.S.O.E.'s program. In no way do I want this testimony to be viewed as attempting to make it look as if the U.S.O.E. Alcohol and Drug Abuse Prevention Program has been a failure for I feel, as do thousands of others, that this national effort is one of the most overall successful federal programs I have ever known, and I view it as one that has successfully reached and positively impacted the grass roots well into the far corners of our nation. I stand as an example of the U.S.O.E.'s effort in that I can without reservation state that I could not and would not have endured the stress and strain of public life responsibilities associated with alcohol and drug abuse prevention without the knowledge that the U.S. Office was struggling to maintain a viable national program at the Federal level. I would not have endured without knowing that Gerald Edwards (Director of the Adelphi Northeast Regional training center) was always there to support me where and when he could, and I would not have endured had I not received the quality training at the U.S.O.E. Adelphi Center which helped prepare me for this job in 1970. I can also categorically state that Maine would not today have a program operated out of its State Education Agency if it had not been for this U.S.O.E. initiative.

The purpose of my testimony then, is not to criticize, but to provide input which I believe will enhance the national program for the entire nation and correct the problems encountered in our past experiences. I would like my testimony to result in some basic changes in the proposed reauthorization act which would provide U.S.O.E. and her regional training centers with a greater degree of flexibility in dealing with States. I believe it is fact that

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my proposed changes in the reauthorization act will result in greater national program cost effectiveness, greater overall efficiency, greater impact on the quality of relationships with states, and will place more long-lasting programs in schools and communities than is currently projected.

Specifically, my proposals for the reauthorization act are:

1. to have the Act make provision for the regional training centers to have the authority , funding capabilities, and flexibility to direct a renewed effort at preparing State Government Agency Leadership Teams in alcohol and drug abuse prevention. The ultimate purpose of these State Agency teams will be to provide leadership in the development and implementation of alcohol and drug abuse prevention programs in their respective states. Ultimately states will have to assume this responsibility and this option should be open to the states through this Act. Negotiations for this training would be carried out between the states and the training centers.
2. to have the Act make provision for the training centers to have discretionary money for work with states which have demonstrated an effective education prevention capability. This flexibility within the centers will allow them to cooperatively work out the prevention effort with those states and will give the centers the capability to help support those states through a direct grant program. Minimum grant levels for those qualifying states should be specified.
3. to have the Act make provision for the training centers to develop a greater capability for the deployment of more direct human and resource assistance to all states, e.g. to assist State Agency level teams get started; to assist in state level training programs, to conduct training within states which have severe travel restrictions, to provide better quality follow-up, etc.

The intent of all three of the proposals is to provide the training centers with greater flexibility and alternative means for meeting the diverse needs of the states. Discretionary money is called for in each proposal and must be provided in addition to the minimal funding levels cited in the Act.

The reauthorization proposals I have just stated will result ultimately in states assuming a greater role of responsibility through their state education agencies and will serve to strengthen the role of the education

agencies in prevention. It will also serve to force Single State Agencies and the state education agencies to work in closer cooperation and coordination. The proposals will also allow the training centers to focus their greatest efforts in those areas of the country most directly needing their training resources while at the same time encouraging and enhancing states demonstrating a capacity to produce their own training efforts through the centers' grant and technical assistance programs.

It is my belief that the overall impact of U.S.O.E.'s efforts will be more than doubled through adoption of my proposals, obviously resulting in a much greater cost effective model. I believe all the proposals address real and substantial needs felt by the U.S. Office, by the regional centers and by both rural and urban states. I believe the proposals close the greatest gaps I have observed and experienced in the National program since its 1970 origin. I believe all proposals can be implemented with increased appropriations in the form of discretionary funds for the regional training centers along with delegation of more responsibility to those centers.

In closing let me urge you to consider my proposals in terms of the options they provide for states. By providing greater flexibility to the regional training centers through discretionary funds, there is something for every state regardless of its state of readiness. Those states most needing help will have help available; those states where no state level interest exists will still have their local education agencies served by the regional centers; those states desiring state level assistance will have it available to them, and those states demonstrating a capacity to produce their own prevention programs will be enhanced and motivated through the centers' capability to make direct grants.

I sincerely believe this combination will rally the support of Governors, legislatures, single state agencies, state education agencies and the people directly or indirectly served through this legislation. I believe it will be the greatest seed of prevention ever sown in this country.

National Association of State Drug Abuse Program Coordinators

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State Spending of Section 409 Formula Grant Funds By Category (Percentage of Total 409 Allocation)

	Reported Expenditures in FY 77	Projected Expenditures for FY 78
Treatment	43%	42%
Prevention/ Education	25%	25%
Planning/ Coordination	13%	13%
Administration	6%	4%
Training	5%	4%
Research/ Evaluation	5%	6%
Criminal Justice	2%	4%
Management/ Information	1%	2%
	100%	100%

April 10, 1978

National Association of State Drug Abuse Program Coordinators

Suite 900 • 1812 K Street, N.W. • Washington, D. C. 20006 • (202) 688-7832

April 10, 1978

TESTIMONY OF WILLIAM GRIGLAK
 ASSISTANT COMMISSIONER FOR ADDICTION SERVICES
 STATE OF INDIANA, DEPT. OF MENTAL HEALTH
 CHAIRPERSON, NASDAPC LEGISLATIVE COMMITTEE,
 TO THE HOUSE SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT,
 INTERSTATE AND FOREIGN COMMERCE COMMITTEE

Mr. Chairman and Members of the Committee:

I am William Grigliak, representing today the National Association of State Drug Abuse Program Coordinators as Chairperson of the Legislative Committee. I am pleased to be joining my colleague, Dr. William Butynski, President of the Alcohol and Drug Problems Association (ADPA), testifying in support of H.R. 11660, the bill introduced on March 20, 1978 to amend the Drug Abuse Office and Treatment Act of 1972.

It is fitting that I join Dr. Butynski in appearing before you since he was formerly a member of NASDAPC when he served as director of the State of Vermont Alcohol and Drug Abuse Agency. It is also fitting since NASDAPC at its annual meeting next month will amend its bylaws and corporate charter to include in its membership the directors of state alcohol agencies as well as drug agencies. The testimony which I am presenting today follows the lines approved by the membership at its annual meeting last summer and was specifically approved by the Board of Directors at its meeting last week in Seattle.

There are several points in the proposed legislation which NASDAPC feels will contribute to strengthening the field of drug abuse. While I join Dr. Butynski in affirming our support of a one year extension at this time, I too feel that it is important that there be continued separate focal points for the problems of alcohol abuse and of drug abuse at the federal level. A one year extension for NIDA now and

consideration of three year extended authorizations for both NIDA and NIAAA next year is thus an acceptable way to proceed. NIDA and NIAAA are now co-ordinating their efforts in many endeavors, which is appropriate. NASDAPC is requesting that you foster further co-operation by amending the proposed legislation to allow July 31 to be the common due date for submission of State plans. This can be accomplished by amending the first sentence of Section 409 (e) of the current statute to read "July 31" instead of "July 15." However, NASDAPC feels there is continued need for two separate institutes.

NASDAPC shares the concern which Chairman Rogers mentioned when introducing the legislation about the continuing need for coordination for all federal activities in the drug abuse prevention area. With the demise of the Office of Drug Abuse Policy, the burden is now squarely on the Administration to live up to the promises it has made to Congress and to the public that federal efforts in the field will not diminish and that there will continue to be high level attention paid so that the many federal agencies involved work together in a complementary fashion rather than at cross purposes. This one year extension will allow the Administration time to show its good faith and will give all of us an opportunity to see that such coordination continues. If it does not, it will be incumbent upon us to take steps to assure that the extension to be considered next year provides again the coordination that is required. The studies which the Office of Drug Abuse Policy has completed represent an important beginning. The momentum must not be lost and we expect to be monitoring what is done in the coming months which will assure the States that the momentum continues.

NASDAPC is especially pleased that the proposed legislation provides for greater emphasis on prevention and demonstration programming by NIDA. The addition of the one word "prevention," proposed in Section 3 (c) of the bill, is an example of the increased Congressional emphasis on prevention.

Likewise, the provision in this legislation for separate authorizations for treatment programs and for all other programs funded under Section 410 of the Drug Abuse Office and Treatment Act makes clear the intention of Congress both that treatment programs be adequately funded and that prevention and demonstration efforts also be adequately funded. NASDAPC joins in this desire for adequate funding for the entire spectrum of drug abuse prevention, treatment, and rehabilitation efforts. The amounts which your legislation proposes are large enough to allow the Appropriations Subcommittee to make the necessary additions in the Administration's proposed levels for FY 79.

NASDAPC is also pleased that the Congress is once again affirming a commitment to the Federal-State partnership which has developed by recommending that the formula grant funds in Section 409 be authorized for an additional year. NASDAPC notes that the \$45 million level proposed is greater than the Administration's ^{appropriation} request for \$40 million and thus believes that there is room for adequate growth. However, NASDAPC also notes that the \$45 million authorization level has now remained static for five years. If the Federal-State partnership is to continue to develop and adequate attention be paid to the problems of drug abuse, this level will also need to be increased when the authorizations are considered next year for a three year period. Such increases will be needed simply to keep pace with the increase in costs due to inflation.

There have been some requests from others that substantive changes be made in Section 409 because of allegations that their special interests are not being served by the current planning process. NASDAPC opposes any such changes in the Section 409 language without a thorough study by the committee of all relevant issues. In this broad area of planning relationships, NASDAPC also wishes to go on record as opposing any changes in the Health Planning Act, P.L. 93-641, which would not continue equal status for alcohol, drug abuse, and mental health.

The amendments in this bill which will allow the report on marijuana and health every two years rather than annually, are also positive ones. As Congressman Rogers noted in his remarks when this bill was introduced, the research findings on marijuana have not changed so rapidly that a report on an annual basis is required. Marijuana, however, remains a drug abuse problem which deserves attention and to require a report every two years is fitting.

The requirement that the Secretary of HEW make a report to the Congress each year to replace that report which now must be presented by the Director of ODAP is also appropriate. This change reflects the Administration's desire to transfer some of the coordination responsibilities to the cabinet level and it serves notice to the Administration that Congress does expect such coordination to continue. The requirement that the Secretary of HEW present to Congress an annual report will provide to you and the public the sort of information which should be available.

I thank you for your time.

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Senator HATHAWAY. That concludes the subcommittee's hearings on this bill. We will go into markup in the next week or two.
[Whereupon, at 11:07 a.m., the hearing was adjourned.]

